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Bright Futures for Babies

Self-Instructional Training Module



*Three Appropriate Feeding Practices
in Early Infancy*

Susan Miller

**United States
Department of
Agriculture**



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Three Appropriate Feeding Practices in Early Infancy

Self-Instructional Training Module

Welcome to Bright Futures for Babies!

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Susan Miller, M.P.H.

SMillerMPH@aol.com

3651 Rue Mignon
New Orleans, LA 70131

Phone (504) 391-2819

Fax (504) 391-2820

Susan Miller was a public health nutritionist in the Louisiana WIC Program for 11 years. She has developed educational materials and training materials for public health since 1990. She has a master's degree in public health nutrition from the University of North Carolina at Chapel Hill. She has written a variety of training materials for nutrition educators, including manuals for two state WIC programs. She wrote "Bright Ideas for Nutrition Educators," "Spike Heels, Purple Eye Shadow and Your Basic Nutrition Handout," "Oh, Baby! Grow, Baby!" and "Bright Futures for WIC Nutrition Services." She has written educational materials for WIC programs, as well as other programs, including the Commodity Supplemental Food Program, Louisiana Family Planning Program, and Louisiana Maternal and Child Health.

"Bright Futures for Babies" was originally prepared for the Supplemental Food Program Division, Special Nutrition Programs, Food and Nutrition Service, Department of Agriculture, for presentation at the September, 2000 National Association of WIC Directors Nutrition Services and Breastfeeding Promotion Conference. The original version is posted on the WIC Works Website. A revised version, dividing "Bright Futures for Babies" into a Self-instructional Training Module and a User's Guide, was prepared for presentation at the May, 2001 National Association of WIC Directors Annual Meeting. This third version (September, 2001) includes some changes to scripts, pre-tests and post-tests, as a result of testing and evaluations with various audiences. You have permission to reproduce "Bright Futures for Babies" or to adapt it as desired.



Welcome to Bright Futures for Babies!

**Infants and children require healthy nutrition,
healthy relationships and appropriate sensory stimulation
early in life, in order to fulfill their potential.**

The goal of this training is to increase nutrition staff's awareness and knowledge of how appropriate infant feeding helps fill all three of these basic requirements of young infants.

The training also provides anticipatory guidance that nutrition staff can use to convey important messages to parents on appropriate infant feeding behaviors.

This is a self-instructional training module which allows the learner to read and absorb the material independently and at a comfortable pace. Quick Self-checks and Self-check Answers provide a review of main points. They are not graded or collected.

The Quick Self-checks will prepare the learner for a 25 question Post-test which is based on the material in the Quick Self-checks. Reviewing the Quick Self-Check Answers will prepare the learner for the Post-test.

The time required to complete this module is approximately 1.5 hours.

Notes:

A "Supervisor's Guide to the Self-instructional Module" is in the *Bright Futures for Babies* User's Guide.

All excerpts that are boxed are from *Bright Futures in Practice: Nutrition* (cited on page 2) and the page number of each excerpt (preceded by "BFP:N") is indicated for your reference. Two other sources are excerpted as well, each introduced by a citation of the source. The end of each excerpt is indicated by this symbol: ■ All excerpts are used with permission.

In *Bright Futures in Practice: Nutrition*, as in these training materials, the word "parent" is used to refer to the adult or adults responsible for the care of the infant. In these materials, "infancy" refers to the first year of life, "early infancy" refers to the first three months of life, and "newborn" refers to the first month of life.

Background Information

Bright Futures for Babies is a set of materials based on *Bright Futures in Practice: Nutrition*,* as well as on other references and recent research on infant brain development. (See *Selected Resources* for information and ordering information on all references.)

Bright Futures in Practice: Nutrition is a comprehensive resource on delivering nutrition services to the families of infants and children. It is an implementation guide of *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents*.**

Bright Futures in Practice: Nutrition was written by dozens of contributors and was reviewed by over 150 health professionals, educators, and representatives from family organizations.

Organizational reviewers include the National Association of WIC Directors, the Society for Nutrition Education, The American Dietetic Association, the American Academy of Pediatrics, the American Nurses Association, and the American Public Health Association, as well as 31 other organizations.

Bright Futures for Babies builds on the *Bright Futures in Practice: Nutrition* "Desired Outcomes for the Infant and the Role of the Family." These desired outcomes, listed on the next page, are important targets of nutrition services.

This training explores why several of these desired outcomes are important. Nutrition staff are encouraged to target these outcomes in practice by:

- analyzing nutrition services in relation to the desired outcomes and making changes as indicated
- reviewing current nutrition education materials and revising them to include targeted information that promotes the desired outcomes
- using the desired outcomes to advocate for more resources and support for nutrition services
- utilizing the desired outcomes in community outreach and in forming partnerships.



* Story, M, Holt K, Sofka D, eds. 2000. *Bright Futures in Practice: Nutrition*. Arlington, VA: National Center for Education in Maternal and Child Health.

** Green M, Palfrey JS, eds. 2000. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Second Edition. Arlington, VA: National Center for Education in Maternal and Child Health.

Bright Futures for Babies addresses the outcomes in this table which are in bold.

Desired Outcomes for the Infant, and the Role of the Family

*from Bright Futures in Practice: Nutrition**

Infant

Educational/Attitudinal	Behavioral	Health
<ul style="list-style-type: none"> • Has a sense of trust • Bonds with parents • Enjoys eating 	<ul style="list-style-type: none"> • Breastfeeds successfully • Bottle feeds successfully if not breastfeeding • Consumes supplemental foods to support appropriate growth and development 	<ul style="list-style-type: none"> • Develops normal rooting, sucking, and swallowing reflexes • Develops fine and gross motor skills • Grows and develops at an appropriate rate • Maintains good health

Family

Educational/Attitudinal	Behavioral	Health
<ul style="list-style-type: none"> • Bonds with the infant • Enjoys feeding the infant • Understands the infant's nutrition needs • Acquires a sense of competence in meeting the infant's needs • Understands the importance of a healthy lifestyle, including healthy eating behaviors and regular physical activity, to promote short-term and long-term health 	<ul style="list-style-type: none"> • Meets the infant's nutrition needs • Responds to infant's hunger and satiety cues • Holds the infant when breastfeeding or bottle feeding and maintains eye contact • Talks to the infant during feeding • Provides a pleasant eating environment • Uses nutrition programs and food resources if needed • Seeks help when problems occur 	<ul style="list-style-type: none"> • Maintains good health

(BFP:N, p. 50)

* Story, M, Holt K, Sofka D, eds. 2000. *Bright Futures in Practice: Nutrition*. Arlington, VA: National Center for Education in Maternal and Child Health.

Introduction:

Healthy Feeding Relationships Begin in Infancy

The desired outcomes for infants and the role of the family go far beyond meeting the infant's nutritional needs, as this excerpt from *Bright Futures in Practice: Nutrition* indicates:

Feeding is crucial for developing a healthy relationship between parents and infants. A parent's responsiveness to an infant's cues of hunger and satiation and the close physical contact during feeding facilitate healthy social and emotional development. During the first year, being fed when hungry helps infants develop the trust that their needs will be met. For optimum development, newborns need to be fed as soon as possible when they express hunger. As they grow older and become more secure in that trust, infants can wait longer for feeding.

Quickly responding to their infant's cues also strengthens parents' sense of



competence. As they feed their infant, they learn how their actions comfort and satisfy.

Over time, parents become more skilled at interpreting their infant's cues, and they increase their repertoire of successful responses to those cues. Physical contact during feeding enhances communication between the parent and infant because it provides the infant with essential sensory stimulation, including skin and eye contact, and strengthens the psychological bond between the parent and infant. A sense of caring and trust evolves and lays the groundwork for communication patterns throughout life.

(BFP:N, p. 26)

The first sentence excerpted states that "Feeding is crucial for developing a healthy relationship between parents and infants." This statement is pivotal. It is a way of looking at nutrition that profoundly impacts nutrition education. *Bright Futures in Practice: Nutrition* promotes the idea that nutrition educators can help their clients not only with nutrition but also

with parenting, since appropriate anticipatory guidance can help parents develop healthy relationships with their infants. These healthy relationships, which start with bonding, and develop into security, attachment and love, help set the groundwork for healthy relationships throughout life.

Anticipatory guidance is counseling or education that prepares parents for the various developmental stages infants and children are likely to go through. Anticipatory guidance helps parents know what to expect, what to look for, how to cope, and how to be helpful to their infants or children in predictable developmental stages. Anticipatory guidance helps parents understand that many behaviors at mealtime are normal and typical. It allows parents to think through their responses to predictable behaviors and develop options and a repertoire of appropriate behaviors. Anticipatory guidance can support the development of healthy children, healthy family relationships, and healthy feeding relationships.

Bright Futures in Practice: Nutrition views parents *themselves* as developing, as they care for, feed and learn about their children:

When feeding their infant, parents clarify and strengthen their sense of what it means to be a parent. They gain a sense of responsibility by caring for an infant, they experience frustration when they cannot interpret the infant's cues, and they further develop their ability to negotiate and solve problems through their interactions with the infant. They also identify their values and priorities, and expand their abilities to meet their infant's needs. Anticipatory guidance from health professionals can reinforce parents' strengths and encourage good parenting.

(BFP:N, p 26)

The *parent* develops, as the parent acquires a sense of competence in meeting the infant's needs. The *infant* also develops, physically, emotionally and socially. At the same time, something special develops between them: *their relationship!* A basic foundation is laid for the future of the family, as well as for the infant's long-term health.

What actually sets the foundation? As the "Desired Outcomes" table outlines, outcomes during early infancy that can contribute to the foundation are that:

- the infant and parent bond with each other
- the infant develops a sense of trust
- the infant enjoys eating and the parent enjoys feeding

In addition to understanding and meeting the infant's nutrition needs, the role of the family includes these appropriate behaviors:

- responds to infant's hunger and satiety (fullness) cues
- holds the infant when breastfeeding or bottle feeding and maintains eye contact
- talks to the infant during feeding, and
- provides a pleasant eating environment

Although feeding a healthy, full-term infant looks simple and natural, it is actually more complex than it looks. These materials will explore what is going on developmentally at feeding time, and will also provide nutrition educators with anticipatory guidance to share with parents so that parents can understand why feeding time matters.

To begin, let's review the concept of a "feeding relationship." What does that term mean, and specifically what does it mean in infancy? The following excerpt offers some definitions and underscores the importance of infant feeding practices.

Healthy Feeding Relationships

The material that follows is excerpted and adapted from Infant Nutrition and Feeding, A Reference Handbook for Nutrition and Health Counselors in the WIC and CSF Programs, 1994, p. 29 -30. See Selected Resources for further information on this handbook.

What is a “feeding relationship”?

The interactions and communication between a caregiver and infant during feeding influence the infant’s ability to progress in feeding skills and consume a nutritionally adequate diet. These interactions comprise “the feeding relationship,” defined as “the complex of interactions that take place between the parent and child as they engage in food selection, ingestion, and regulation behavior” (Satter, 1986a).

This relationship is nurtured when the caregiver correctly interprets the infant’s feeding cues, is attentive to the infant’s needs, and responds appropriately to satisfy those needs.

The infant’s health and nutritional status is promoted when the feeding relationship is positive (the caregiver is sensitive and responsive to an infant’s feeding cues) and the infant is fed a nutritionally balanced diet.

What is a “dysfunctional feeding relationship”?

A dysfunctional feeding relationship results when a caregiver consistently misinterprets, ignores, or overrules the infant’s feeding cues, such as when a caregiver regularly forces an infant to consume additional food after he or she has become full and satisfied (Satter, 1986a).

A dysfunctional feeding relationship can result in poor dietary intake and impaired growth (Ainsworth and Bell, 1969; Satter, 1986a; 1990a).

Infants, whose feeding cues are not getting the expected response from their caregiver, tend to become dissatisfied, confused about their sensations of hunger and fullness, and may become unusually passive (Satter, 1986a).

What behaviors result in positive feeding relationships between parents and infants?

To develop positive feeding relationships between caregivers and their infants, nutrition educators can encourage caregivers to: (Satter, 1984; 1986a)

- Observe and be sensitive to their infant’s hunger, satiety (fullness), and food preferences, and act promptly and appropriately to meet their feeding needs.
- Calm the infant before and during eating to reinforce the infant’s view that eating is a positive, pleasant, and anxiety-free experience.
- Avoid putting the infant on a rigid feeding schedule. An older infant can be offered food at around the time when he or she usually eats, but in general, the caregiver should watch for the infant to indicate hunger. However, feeding at specific intervals of time may be necessary if an infant has certain medical conditions or is a sleepy infant who needs to be awakened to feed.
- Remember their infant’s developmental capabilities and nutritional needs when deciding the type, amount, and texture of food and the method of feeding (such as, use a spoon for feeding; allow child to self-feed with fingers.)
- Offer food in a positive and accepting fashion without forcing or enticing the infant to eat. Avoid withholding food. Infants are biologically capable of regulating their own food intake to meet their needs for growth and may vary in the amount and types of food eaten each day.

As the preceeding excerpts point out, parental behaviors can either help or hinder the development of healthy feeding relationships. Behaviors are key.

The positive feeding behaviors listed on the previous page are explored in more depth in the upcoming chapters:

1. Responding Appropriately to the Infant's Hunger and Fullness Cues
2. Holding and Interacting with the Infant During Feeding
3. Providing a Pleasant Eating Environment



Could this kind of anticipatory guidance provide benefits to nutrition educators, as well?

Anticipatory guidance is helpful, supportive, and positive. It helps parents understand behavior and deal with it. As nutrition educators provide increased anticipatory guidance in the area of feeding dynamics, parents may feel even more appreciative of the help they receive from WIC staff. Parents' feedback to the nutrition educator is likely to be positive. This dynamic can set the stage for future successful interactions between the parent and the nutrition educator.

Ainsworth, MDS and Bell, S.M. Some contemporary patterns of mother-infant interaction in the feeding situation. In: Ambrose, A. (ed). *Stimulation in Early Infancy*. New York, NY: Academic Press Inc., 1969.

Satter, E. Feeding guidelines: Developmental guidelines for feeding infants and young children. *Food and Nutrition News* 56:21-26, 1984.

Satter, E. The feeding relationship. *J. Am. Dietetic Assoc.* 86: 352-356, 1986a.

Satter, E. Childhood feeding problems. *Feelings and Their Medical Significance*. vol.32, no 2. Columbus, OH: Ross Laboratories, 1990a.

Quick Self-Check Introduction

This is a simple self-check to review the material you have just read. Answers are on the next page.

True or False:

<i>Bright Futures in Practice: Nutrition</i> states that feeding is crucial factor in developing a healthy relationship between parents and infants.	True	False
Physical contact during feeding enhances communication and bonding between the parent and infant.	True	False
A sense of caring or trust that develops during infancy lays the groundwork for communication patterns throughout life.	True	False
Anticipatory guidance has a firm foundation in the Food Guide Pyramid.	True	False
Consistently ignoring an infant's feeding cues can contribute to a dysfunctional feeding relationship.	True	False
A dysfunctional feeding relationship may affect dietary intake and growth.	True	False

Check all of the behaviors below that can contribute to positive feeding relationships between parents and infants:

- ☐ providing a pleasant feeding environment
- ☐ sensitivity to cues of hunger and fullness
- ☐ acting promptly to meet the infant's feeding needs
- ☐ feeding an infant only at scheduled times
- ☐ feeding foods that are appropriate for the infant's developing skills
- ☐ offering food in a positive and accepting fashion
- ☐ holding and interacting with an infant during feeding

Self-Check Answers

Introduction

True or False:

<i>Bright Futures in Practice: Nutrition</i> states that feeding is a crucial factor in developing a healthy relationship between parents and infants.	True
Physical contact during feeding enhances communication and bonding between the parent and infant.	True
A sense of caring or trust that develops during infancy lays the groundwork for communication patterns throughout life.	True
Anticipatory guidance has a firm foundation in the Food Guide Pyramid.	False
Consistently ignoring an infant's feeding cues can contribute to a dysfunctional feeding relationship.	True
A dysfunctional feeding relationship may affect dietary intake and growth.	True

Check all of the behaviors below that can contribute to positive feeding relationships between parents and infants:

- ☒ providing a pleasant feeding environment
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- ☒ acting promptly to meet the infant's feeding needs
- ☐ feeding an infant only at scheduled times
- ☒ feeding foods that are appropriate for the infant's developing skills
- ☒ offering food in a positive and accepting fashion
- ☒ holding and interacting with an infant during feeding

1:

Responding to the Infant's Hunger and Fullness Cues

During the first year, being fed when hungry helps infants develop the trust that their needs will be met. For optimum development, newborns need to be fed as soon as possible when they express hunger. As they grow older and become more secure in that trust, infants can wait longer for feeding.

Quickly responding to their infant's cues also strengthens parents' sense of competence. As they feed their infant, they learn how their actions comfort and satisfy. Over time, parents become more skilled at interpreting their infant's cues, and they increase their repertoire of successful responses to those cues.

(BFP:N, p. 26)

The infant's major developmental tasks in early infancy are to learn to self-regulate and to develop a sense of security. The infant is helped in both of these tasks when parents respond appropriately to the baby's cues of hunger and fullness.

Some parents, especially inexperienced ones, need to learn that healthy full-term infants will typically communicate hunger and fullness, if the parent watches closely for the baby's signals or cues. Parents also need to learn what those cues are. Some parents need to learn that responding immediately to their

young baby's cues and cries will not "spoil" the baby and make the baby dependent.

Of course, a baby *is* dependent. *Somebody* has to fill the infant's needs in order for the infant to thrive.

The reward for all this effort is a close emotional relationship or bond with the baby. Even in the short term, there are advantages. For instance, studies show that older babies cry *less* if their needs have been tended to quickly and warmly in early infancy.

The following excerpts will help you understand how and why that happens.



*The material that follows is excerpted from the booklet *The First Years Last Forever* which goes with the video of the same name, from the I AM YOUR CHILD Campaign. See Selected Resources.*

———— *Responding to the infant's cues and clues* ————

Infants can't use words to communicate their moods, preferences, or needs, but they send many signals to the adults who care for them. Among the cues and clues they send are the sounds they make, the way they move, their facial expressions, and the way they make (or avoid) eye contact. Children become securely attached when parents and other caregivers

try to read these signals and respond with sensitivity. They begin to trust that when they smile, someone will smile back; that when they are upset, someone will comfort them; that when they are hungry, someone will feed them. Parents who pay close attention to their children's needs for stimulation as well as quiet times help them form secure attachments.



“*BUT WON'T MY NEWBORN GET SPOILED
WITH ALL OF THIS ATTENTION?*”

You might think so, but studies show that newborns who are more quickly and warmly responded to when crying typically learn to cry much less and sleep more at night.

After all, newborns have just come from a warm, snug place where they could hear and feel the rhythmic beating of their mother's heart, and where they were never hungry or cold. Before birth, everything was regulated. After birth, when the baby is hungry, uncomfortable, or upset in his new environment, the brain's stress-response systems turn on and release stress hormones. The baby expresses

his distress by crying. When the caregiver responds and provides food or warmth or comfort, the baby tends to be calmed. The stress-response systems in the brain are turned off and the infant's brain begins to create the networks of brain cells that help the baby learn to soothe himself.

You cannot spoil a newborn baby by responding to his needs.

Caregiving and the Stress Response

- Megan Gunnar, Ph.D., from the University of Minnesota has shown that by the end of the first year, children who have received consistent, warm, and responsive care produce less of the stress hormone cortisol, and when they do become upset, they turn off their stress reaction more quickly. This suggests that they are better equipped to respond to life's challenges.
- Bruce Perry, M.C., Ph.D., and his colleagues at Baylor College of Medicine have shown that infants and young children exposed to abuse and neglect are more likely to produce a strong stress response, even when exposed to minimal stress. ■

One thing nutrition educators can do is help parents, especially young and first-time parents, understand that their baby is communicating all the time, in the best way babies can. The healthy, full-term baby will indicate hunger (often with many cues before resorting to crying) and will also indicate fullness. The

parent has to be tuned in to the baby, watching closely and learning the baby's signals. Here is some information on how newborn and young babies typically signal that they are hungry or full, followed by more information presented as counseling tips.

Hunger and Fullness Cues

The material that follows is excerpted and adapted from "Infant Nutrition and Feeding, A Reference Handbook for Nutrition and Health Counselors in the WIC and CSF Programs," 1994, p. 75. See Selected Resources.

Infants, especially newborns, may be erratic as to when and how often they want to eat. Thus, encourage caregivers to watch for and respond appropriately to the infant's cues of hunger and satiety or fullness.

Since it is normal for infants to have fussy times, an infant may cry and just want to be held or may want to suck and may not actually be hungry. If you perceive

that a caregiver is troubled by or not coping with an infant's fussiness or crying, refer him or her to a health care provider for further assessment or assistance.

A caregiver who is not sure whether her infant is hungry can first attempt to soothe him or her by holding, rocking, and playing before resorting to feeding. ■

Anticipatory Guidance: Hunger and Fullness Cues

The following counseling points are from *Bright Futures In Practice: Nutrition*. For more information, please refer to the guide itself. (See *Selected Resources*.)

Instruct parents to feed the infant when she is hungry. Signs of hunger include hand-to-mouth activity, rooting, pre-cry facial grimaces, fussing sounds, and crying.

(BFP:N, p. 42)

To review what the rooting reflex is:

When an infant's oral area (corner of the mouth, upper and lower lip, cheek and chin) is touched by an object, the head and mouth turn in the direction of the object and the infant opens his or her mouth. The rooting reflex allows the infant to seek out and grasp a nipple. This reflex is seen from birth to about 4 months.

Instruct parents to feed the infant until he seems full. Signs of fullness are turning his head away from the nipple, showing interest in things other than eating, and closing his mouth.

(BFP:N, p. 40)

Reassure parents that infants are getting enough milk if:

- They make swallowing sounds.
- They have one or two wet and/or soiled diapers on the first day, increasing to six to eight wet cloth diapers or five or six disposable diapers and three or four stools every 24 hours. (The urine should be pale yellow, and stools should have the consistency of cottage cheese and be mustard-colored by the fourth day.)
- They are gaining weight appropriately.

(BFP:N, p. 40)

Infants often go through growth spurts between 2 and 4 weeks of age and significantly increase their milk intake during that time.

(BFP:N, p. 43)

Counseling on breastfeeding:

Emphasize that the infant should be allowed to finish feeding at one breast before the other breast is offered. The length of feedings should not be restricted, although 20 to 45 minutes provides adequate intake and allows the mother some time to rest between feedings.

Inform parents that the frequency of feedings is typically 8 to 12 times in 24 hours. In the first 2 to 4 weeks, infants should not be allowed to sleep more than 4 hours without breastfeeding.

Explain that infants have periods when they grow very fast. At these times, it may be necessary to feed them more often to give the mother's milk production a chance to adjust to the infant's needs. Frequent feedings help establish milk supply and prevent the breasts from getting too full.

(BFP:N, p. 34)

Counseling on formula feeding:

Instruct parents to check the following if the infant is crying more than usual or seems to want to eat all the time:

- Is the infant positioned in a semi-erect, comfortable position for feeding?
- Is the formula prepared correctly? Has too much water been added?
- Is the bottle nipple too firm? Is the nipple hole too large?
- Are they responding to the infant's cues of hunger?
- Is the feeding environment too distracting?

(BFP:N, p. 35)

Quick Self-Check

Chapter 1

This is a simple self-check to review the material you have just read. Answers are on the next page.

True or False:

Newborns need to be fed as soon as possible when they are hungry.	True	False
As they grow older and become more secure and trusting, infants can wait longer for feeding.	True	False
The major developmental tasks in early infancy are to learn to self-regulate and to develop a sense of security.	True	False
Studies show that newborns can be “spoiled.”	True	False
Newborns are very predictable as to when and how often they want to eat.	True	False
Newborns often go through a growth spurt between two and four weeks of life.	True	False

Which of these things could contribute to an infant crying more than usual or “wanting to eat all the time”?

- ☐ growth spurt
- ☐ formula prepared incorrectly
- ☐ nipple is too firm or the nipple hole is too large, if formula fed
- ☐ inappropriate responses to the infant’s cues of hunger
- ☐ environment may be distracting the infant at feeding time

What are three signs an infant may be hungry, before the infant starts crying to be fed?

- 1.
- 2.
- 3.

What are two signs an infant is full, besides falling asleep?

- 1.
- 2.

Self-Check Answers

Chapter 1

True or False:

Newborns need to be fed as soon as possible when they are hungry. True

As they grow older and become more secure and trusting, infants can wait longer for feeding. True

The major developmental tasks in early infancy are to learn to self-regulate and to develop a sense of security. True

Studies show that newborns can be “spoiled.” False

Newborns are very predictable as to when and how often they want to eat. False

Newborns often go through a growth spurt between two and four weeks of life. True

Which of these things could contribute to an infant crying more than usual or “wanting to eat all the time”?

- ☒ growth spurt
- ☒ formula prepared incorrectly
- ☒ nipple is too firm or the nipple hole is too large, if formula fed
- ☒ inappropriate responses to the infant’s cues of hunger
- ☒ environment may be distracting the infant at feeding time

What are three signs an infant may be hungry, before the infant starts crying to be fed?

Signs of hunger include: hand to mouth activity; rooting (responding to touch of face, searching for nipple, mouthing); pre-cry grimaces; fussing sounds.

What are two signs an infant is full, besides falling asleep?

Signs of fullness include: closing the mouth; turning the head away from the nipple; showing an interest in things rather than an interest in feeding further.

2:

Holding and Interacting with the Infant During Feeding

“Physical contact during feeding enhances communication between the parent and infant because it provides the infant with essential sensory stimulation, including skin and eye contact, and strengthens the psychological bond between the parent and infant. A sense of caring and trust evolves and lays the groundwork for communication patterns throughout life.”

(BFP:N, p. 26)

Babies need close physical contact during feeding, regardless of whether they are breastfed or bottlefed.

Breastfeeding, of course, guarantees that the baby will get the stimulation of touch, smell, sight, sound and taste every couple of hours—in fact, in the newborn period, nearly every waking minute! Bottlefed babies need to be held close and need skin-to-skin

contact to get the same benefits that breastfeeding naturally delivers.

This stimulation is important because it causes the baby’s brain to develop and stimulates the production of hormones that cause growth. Physical touch is also vital to the process of bonding or attachment.

The next two pages will provide you with more information in this area.



Infant Brain Development

*The material that follows is excerpted from the booklet *The First Years Last Forever* which goes with the video of the same name from the I AM YOUR CHILD Campaign. See Selected Resources.*

As a mother feeds her child, she gazes lovingly into his eyes. A father talks gently to his newborn daughter as he changes her diaper. A caregiver sings a child to sleep.

These everyday moments, these simple, loving encounters, provide essential nourishment. Just as their bodies need food to grow, science now tells us that the positive emotional, physical, and intellectual experiences that a baby has in the earliest years are equally necessary for the growth of a healthy brain.

At birth, the infant's brain has 100 billion nerve cells, or neurons. These neurons will grow and connect with other neurons in systems that control various functions like seeing, hearing, moving, and expressing emotion. These systems, activated by

repeated experiences, provide the foundation for the brain's organization and functioning throughout life. The absence of appropriate activation results in the lack of development or the disappearance of these connections.

Children are deeply affected by their early experiences

At birth, the brain is remarkably unfinished. The parts of the brain that handle thinking and remembering, as well as emotional and social behavior, are very underdeveloped. The fact that the brain matures in the world, rather than in the womb, means that young children are deeply affected by their early experiences. Their relationships with parents and other important caregivers, the sights,

sounds, smells, and feelings they experience, the challenges they meet—these don't just influence their moods. These experiences actually affect the way children's brains become "wired." In other words, early experiences help to determine brain structure, thus shaping the way people learn, think, and behave for the rest of their lives.

Principles of Brain Development

- The outside world shapes the brain's wiring.
- The outside world is experienced through the senses—seeing, hearing, smelling, touching, and tasting—enabling the brain to create or modify connections.
- The brain operates on a "use it or lose it" principle.
- Relationships with other people early in life are the major source of development of the emotional and social parts of the brain.

— The need for warm, loving, responsive care —

When children receive warm, responsive care, they are more likely to feel safe and secure with the adults who take care of them. Researchers call these strong relationships “secure attachments,” and they are the

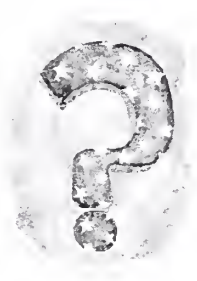
basis of all the child’s future relationships. We have always known that children thrive when they feel secure. Now we know that children’s early attachments actually affect the way their brains work and grow.

*“If I just love my child, will
that change her brain?”*

Not exactly. It is the expression of your love—touching, rocking, talking, smiling, singing—that affects how your young child’s brain is “wired” and helps to shape later learning and behavior. Children experience relationships through their senses. Babies experience the way you look into their eyes. They see

the expressions on your face. They hear you cooing, singing, talking, and reading. They feel you holding or rocking them, and they take in your familiar smells. Touch is especially important. Holding and stroking stimulates the brain to release important hormones necessary for growth.¹

1. L. Alan Sroufe, Ph.D., and his colleagues at the University of Minnesota have found that children who receive warm and responsive caregiving and are securely attached to their caregivers cope with difficult times more easily when they are older. They are more curious, get along better with other children, and perform better in school than children who are less securely attached.



— Why talk or read to infants before they can talk? —

It may seem that very young children can’t take in what you’re saying, but in important ways they do. Infants don’t yet grasp the meaning of words, but it is through these early “conversations” that language capacity grows. When babies hear you say words over and over, the parts of the brain that handle speech and language develop. The more language they hear in these conversations, the more those parts of the brain will grow

and develop. Talking, singing, and reading to your child is not only important for brain development, but a wonderful opportunity for closeness with your child.

You can read picture books and stories to very young children, even to infants. By about six months, infants show their excitement by widening their eyes and moving their arms and legs when looking at a book with pictures of babies or other familiar objects.

Anticipatory Guidance: Feeding Time

*The following counseling points are from "Bright Futures In Practice: Nutrition."
For more information, please refer to the guide itself.*

Encourage parents to talk to the infant during feedings. As infants develop, they increasingly respond to social interaction.

(BFP:N, p. 45)

If possible, observe the mother breastfeeding her infant. Assess the mother's comfort in feeding the infant, eye contact between the mother and infant, the mother's interaction with the infant, the mother's and infant's responses to distractions in the environment, and the infant's ability to suck. Help the mother and infant develop successful breastfeeding behaviors.

(BFP:N, p.39, 41)

2 weeks to 2 months:

Encourage parents to play with the infant, encouraging her to follow objects with her eyes. Playing stimulates the nervous system and helps infants develop head and neck control and motor skills.

(BFP:N, p. 44)

Counseling on breastfeeding, also applies to formula feeding:

Instruct women to breastfeed when their newborns show signs of hunger (e.g., increased alertness or activity, mouthing, rooting). Tell women not to wait until their infants are crying: crying is the last indicator of hunger.⁴

(BFP:N, p. 38)

Counseling on formula feeding:

Encourage parents to hold the infant close, in a semi-upright position, during feeding. The parent should be able to look into the infant's eyes.

(BFP:N, p. 35)

⁴ American Academy of Pediatrics, Work Group on Breastfeeding. 1997. Breastfeeding and the use of human milk. Pediatrics 100(6):1035-1039

Quick Self-Check

Chapter 2

This is a simple self-check to review the material you have just read. Answers are on the next page.

True or False:

The development of brain connections depends mainly on adequate nutritional intake and genetics.	True	False
Experiences can help determine brain structure and how a brain is “wired.” This, in turn, affects how a person thinks, feels and relates to others for the rest of his or her life.	True	False
Sensory stimulation not only causes the infant’s brain to develop connections between brain cells. It also causes the production of growth hormones.	True	False
The words “attachment” and “bonding” refer to the strong psychological bond between the parent and infant.	True	False
Physical touch is vital to bonding and attachment.	True	False
Relationships early in life are the major source of development of the emotional and social parts of the brain.	True	False
Infants experience relationships through their senses. Touch is especially important.	True	False
Newborns need close physical contact during feeding.	True	False
Parents should look into the infant’s eyes at feeding time.	True	False
Talking with an infant begins to be important about one year of age, when an infant is about to say his or her first words.	True	False

Self-Check Answers

Chapter 2

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The development of brain connections depends mainly on adequate nutritional intake and genetics.	False
Experiences can help determine brain structure and how a brain is “wired.” This, in turn, affects how a person thinks, feels and relates to others for the rest of his or her life.	True
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Infants experience relationships through their senses. Touch is especially important.	True
Newborns need close physical contact during feeding.	True
Parents should look into the infant’s eyes at feeding time.	True
Talking with an infant begins to be important about one year of age, when an infant is about to say his or her first words.	False

3:

Providing a Pleasant Feeding Environment

Inform parents that infants may be distracted by light and noise and may need help to focus on feeding. A calm, gentle approach, using repetitive movements such as rocking, patting, or stroking, is usually most helpful. Some infants may need to be swaddled or fed in a room with less light and noise.

(BFP:N, p. 42)

Babies do not eat well if they are sleepy or upset. In the early months of life, babies often have difficulty making transitions from the sleeping to waking states. It is often hard for the new baby to reach or maintain a relaxed and alert state or even to stay awake to eat without getting upset. A baby may need help from the parent to stay awake and calm.

It is important for the parent to stay calm, too. Babies do not yet realize that they are separate from the parent. When the parent is upset, the baby tends to get upset, also.

A distracted, upset or excited baby may have trouble settling down to the important business of feeding.

Soothing sounds and a calm, quiet environment can be very helpful to the infant at feeding time. A blaring TV or stereo, a family argument, or active siblings may overstimulate the baby. When overstimulated, babies often “shut down” emotionally and physically, and start crying. Crying helps babies block out excessive stimulation.

Every baby is unique, however, and what bothers one baby will not bother another. As a generality, though, the younger or more developmentally immature the baby, the more calming must be done.

As the baby is able to self-regulate better and wait longer to be fed after feeling hunger, the environment may become more of a distraction.

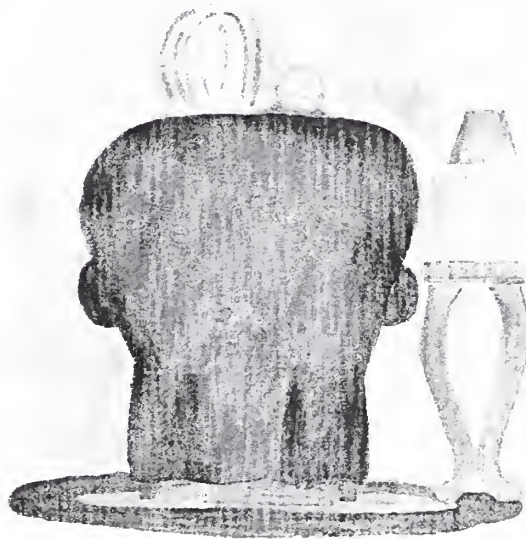
The context of feeding is important, even in infancy. Eating in infancy and childhood helps sets the stage for lifelong eating habits and relationships to food. In infancy, as in early childhood, it is important for eating to be pleasant, predictable and unpressured. It is important for eating to be a time of social connection.

Encourage parents to make feeding time a pleasant, anxiety-free time to relax and enjoy their baby. This may be a particular challenge if the infant has special needs.

However, it is appropriate to point out to all parents that the baby is more likely to eat well, as well as to get all the stimulation he or she needs, if feeding time is calm and enjoyable. There are benefits for

the parent, too. Feeding time can be a time to relax and enjoy. Parents deserve a break. Encourage parents to see feeding time as a reward to themselves for all they do for their baby.

The anticipatory guidance on the following pages may be helpful in your work with parents of young infants.



Anticipatory Guidance:

The Feeding Environment

The material that follows is excerpted from Infant Nutrition and Feeding, A Reference Handbook for Nutrition and Health Counselors in the WIC and CSF Programs, 1994, p. 76, 42, 133, 48. See Selected Resources.

Make feeding calm and relaxed

Caregivers can help their infants have positive feeding experiences and learn new eating skills by making the feeding environment relaxed and calm in these ways:

- Find a comfortable place in the home for feeding.
 - Act calm and relaxed during feeding.
 - Have patience and take time to communicate with and learn about the infant during feeding.
 - Show the infant lots of love, attention, and cuddling in addition to feeding.
- Reassure parents that doing so will decrease fussiness and will not “spoil” the infant.

Comfort During Nursing

Breastfeeding is easier and more enjoyable when the mother and infant are able to nurse in a relaxing setting. Encourage a woman to find a comfortable place for nursing. In the early weeks postpartum, a woman may be more comfortable during nursing if she has privacy and can relax with her infant. During this period, encourage mothers to take time to interact and learn about their infants.

Preparing for Feeding

- Hold, rock, or play with your baby when fussy or crying before concluding that it is time for a feeding. It is important to show love, comfort, and cuddling and talk to your baby during feedings but also between feedings.
- Gently and slowly calm your baby to get ready for feeding.

To wake a sleepy infant

To wake a sleepy infant, a mother can try these methods:

- Playing with and talking to the infant;
- Holding the infant in an upright position (sitting or standing) several times;
- Rubbing the infant’s hands and feet
- Unwrapping or loosening blankets;
- Giving the infant a gentle massage; or
- Changing the infant’s clothing or diaper.

More Tips for a Pleasant Feeding Environment

The following counseling points are from “Bright Futures In Practice: Nutrition.” For more information, please refer to the guide itself. (See Selected Resources.)

Reassure parents that it is normal for infants to spit up a little milk at each feeding. Burping the infant several times during a feeding, and avoiding excessive movement soon after a feeding, may help.

(BFP:N, p. 32)

Encourage parents to burp the infant at natural breaks (e.g., midway through or after a feeding) by gently rubbing or patting her back while holding her against the shoulder and chest or supporting her in a sitting position on the lap.

(BFP:N, p. 40)

Encourage fathers to help care for breastfed infants. Fathers can bring the infant to the mother when it is time to breastfeed. When the infant is finished breastfeeding, the father can cuddle the infant and help with burping, diapering, or bathing.

(BFP:N, p. 34)

Explain that as infants grow, they are more easily distracted during feeding and may need gentle, repetitive stimulation (e.g., rocking, patting, stroking).

(BFP:N, p. 43)

Quick Self-Check

Chapter 3

This is a simple self-check to review the material you have just read. Answers are on the next page.

True or False:

Some newborns have difficulty staying awake to eat without getting upset.	True	False
Infants do not realize that they are separate from the parent and will tend to get upset if the parent is upset.	True	False
Overstimulated infants “shut down” emotionally and physically and often cry to block out excessive stimulation.	True	False
Feeding is a time of social connection, even in infancy.	True	False
Parents can be encouraged to see feeding time as a reward to themselves for baby care, a time to just relax and enjoy their baby.	True	False
Parents should also show the infant lots of love and attention at times other than feeding.	True	False
Parents often need to be reassured that lots of love, attention and cuddling will decrease fussiness and will not “spoil” the young infant.	True	False
Infants who are easily distracted during feeding may need gentle repetition like rocking, patting and stroking.	True	False

“Anticipatory guidance” helps parents understand what is going on developmentally and know what to expect in the future. Which of these tips is “anticipatory guidance”?

- ☐ “Don’t worry, it’s normal for babies to spit up a little milk at each feeding, especially as a newborn.”
- ☐ “You’ll want to find a comfortable place at home for nursing. In the early weeks, you might like some privacy so you can completely relax with your baby at feeding time.”
- ☐ “Burping is best at natural breaks in a feeding, so watch for signs a feeding is slowing down and then burp. Burp at the end of a feeding, too.”
- ☐ “As your baby gets older, your baby may be more easily distracted during feeding and may need the gentle repetition of rocking, patting and stroking.”

Self-Check Answers

Chapter 3

True or False:

Some newborns have difficulty staying awake to eat without getting upset. True

Infants do not realize that they are separate from the parent and will tend to get upset if the parent is upset. True

Overstimulated infants “shut down” emotionally and physically and often cry to block out excessive stimulation. True

Feeding is a time of social connection, even in infancy. True

Parents can be encouraged to see feeding time as a reward to themselves for baby care, a time to just relax and enjoy their baby. True

Parents should also show the infant lots of love and attention at times other than feeding. True

Parents often need to be reassured that lots of love, attention and cuddling will decrease fussiness and will not “spoil” the young infant. True

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“Anticipatory guidance” helps parents understand what is going on developmentally and know what to expect in the future. Which of these tips is “anticipatory guidance”?

☒ “Don’t worry, it’s normal for babies to spit up a little milk at each feeding, especially as a newborn.”

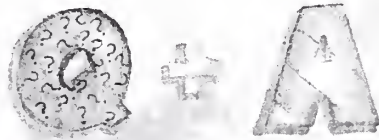
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☒ “Burping is best at natural breaks in a feeding, so watch for signs a feeding is slowing down and then burp. Burp at the end of a feeding, too.”

☒ “As your baby gets older, your baby may be more easily distracted during feeding and may need the gentle repetition of rocking, patting and stroking.”

Frequently Asked Questions About Nutrition in Early Infancy

The following selected questions and answers are from "Bright Futures In Practice: Nutrition," pages 53-55.



■ Should I breastfeed or use infant formula?

Breastmilk is the ideal food for babies.

Even if you breastfeed for only a few weeks or months, there are many benefits for you and your baby. Breastfeeding helps your baby resist colds, ear infections, allergies, and other illnesses.

If for any reason you feel you cannot breastfeed (for example, you have to work or go to school, or you are worried about not producing enough breastmilk), talk to a health professional, breastfeeding specialist, or breastfeeding support group. They can answer questions and help you come up with solutions. Your family and friends are also sources of support.

If your baby has special health care needs, you may still be able to breastfeed. You may need help with positioning, special equipment, and additional support from family and friends.

If you decide to use infant formula, your health professional can help you choose the right type of formula and answer your questions about feeding.

■ How do I know if my baby is getting enough breastmilk?

Your baby may show she is hungry by sucking, putting her hands to her mouth, opening and closing her mouth, or looking for the nipple. She shows she is full by falling asleep after breastfeeding.

As a general rule, your baby will have five to eight wet diapers and three or four stools a day by the time she's 5 to 7 days old.

Your baby will be gaining weight. (A full-term baby should be back to her birthweight by 10 day to 2 weeks of age. After that she should gain 5 to 7 oz a week and should double her birthweight by 4 to 6 months of age.)

■ What is colic?

How can I prevent or manage it?

When your baby cries without apparent reason for several hours on a regular basis, he may have colic. Colic occurs in almost 10 percent of babies. No one knows what causes colic—it is not caused by poor parenting. Colic usually develops between 2 and 6 weeks of age and disappears by 3 or 4 months.

There is no cure for colic. Here are some tips to help manage colic as you wait for your baby to outgrow it:

- If you are breastfeeding, try avoiding some foods, such as cow's milk, wheat, peanuts, eggs, and seafood.
- Cuddle and rock your baby during crying bouts.
- Swaddle your baby or apply firm but gentle pressure to the stomach.
- Darken the room or play soft music.
- Get help so you can take time off from caring for your baby.

■ Many members of my family are overweight. How can I prevent my baby from becoming overweight?

- Breastfeed if possible.
- Learn your baby's hunger cues and feed her when she's hungry. Feeding to calm her or to relieve boredom teaches her to use food as a source for comfort.
- Teach your baby to use other means for comfort (for example, cuddling, rocking, talking, and walking.)
- Feed your baby until she is full. Don't force her to finish a bottle or other food.
- Don't add cereal to the bottle—this may cause your baby to eat more than she needs. She may also choke on the cereal.
- Feed your baby slowly. Don't enlarge the hole in the bottle nipple to make the milk come out faster. It takes about 20 minutes for your baby to feel full.
- Do not give your baby sweets during the first 12 months.



Selected Resources

Sources Excerpted in *Bright Futures for Babies:*

■ **Bright Futures in Practice: Nutrition**

The *Bright Futures* project was initiated in 1990, at the National Center of Education in Maternal and Child Health (NCEMCH) at Georgetown University, through a cooperative agreement with the Maternal and Child Health Bureau of the Health Resources and Services Administration, and program support from the Medicaid Bureau of the Health Care Financing Administration, both in the Department of Health and Human Services.

In 1994, NCEMCH published *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*. This was revised in 2000. Various other materials have been developed at NCEMCH as well, including an implementation guide on oral health in infancy, childhood and adolescence. The second implementation guide, which is the focus of these training materials, is *Bright Futures in Practice: Nutrition*. Upcoming implementation guides include one on physical activity and one on mental health.

Besides being a resource in itself, *Bright Futures in Practice: Nutrition* has "Resources for Health Professionals and Families" at the end of each of the nutrition supervision chapters, as well as "References" and "Suggested Reading" at the end of each of the "Nutrition Issues and Concerns" chapters.

Bright Futures in Practice: Nutrition costs \$28, which includes shipping. The foundation document, *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents* costs \$35, which includes

shipping. The complete text of both documents can be downloaded at no charge from the *Bright Futures* website at www.brightfutures.org.

Ordering information for all of the *Bright Futures* materials is available at www.brightfutures.org. To talk with someone about the materials, call the National Maternal and Child Health Clearinghouse at 1-888-434-4624. The Clearinghouse accepts purchase orders.

■ **Infant Nutrition and Feeding**

Infant Nutrition and Feeding, A Reference Handbook for Nutrition and Health Counselors in the WIC and CSF Programs is publication FNS-288 of the United States Department of Agriculture, Food and Nutrition Services, published in 1993.

This 190 page, softcover resource covers infant feeding in depth. Topic areas include the nutritional needs of infants, development of feeding skills, breastfeeding, formula feeding, infant foods, special concerns in infant feeding and a selected bibliography.

Most WIC agencies received this handbook after it was published. To help you find it on your agency bookshelves, it is spiral bound with a metal spiral, a little more than a half an inch thick, with line drawings of five babies on the front in dusty pink and blue. If you never got a copy or cannot locate your copy, you may request a copy from the USDA, FNS, Nutrition Services Staff, Office of Analysis, Nutrition and Evaluation. You can call them at 703-305-2585 or write to them at 3101 Park Center Dr., Room 503, Alexandria, VA 22302. They will send the publication free of charge.

■ ***“The First Years Last Forever” booklet and video***

“The First Years Last Forever” is the title of both a video and an accompanying booklet which summarize recent research in brain development and emphasize the importance of the relationship between caregiver and child in the early years of life.

The excellent 12 page booklet is simple and easy to read. It includes a discussion of ten guidelines for promoting young children’s healthy development and school readiness. The booklet is available in English and Spanish.

For more information on the video, see the video section of *Selected Resources*.

The booklet is currently \$.50 a copy. Order from the I Am Your Child Campaign, P. O. Box 15605, Beverly Hills, CA 90209. You can also visit the I Am Your Child website at www.iamyourchild.org or call them at 1-310-285-2385.

Professional Publications

■ ***Nutrition in Infancy and Childhood*** (6th ed.) by C. M. Trahms and Peggy Pipes, McGraw-Hill, New York, 1997, \$41.95 plus shipping from the publisher at 1-800-262-4729. The ISBN number is 0815184557.

■ ***Pediatric Nutrition Handbook*** (4th ed.) by R.E. Kleinman, ed., American Academy of Pediatrics, Elk Grove Village, IL, 1999, \$54.95 plus \$9.50 shipping, through the AAP at 1-888-227-1770 or online at www.aap.org.

■ ***Infant Nutrition***, by S. Foman, MD, Mosby-Year Book, St. Louis, MO, 1993, \$108 plus \$7 shipping, from Harcourt Health Sciences at 1-800-633-6699. ISBN number 1556642482.

Other resources for suggested reading are noted in *Bright Futures in Practice: Nutrition* on page 51.

Books Available in Bookstores

The two books below are written by noted researchers in the field of brain development.

■ ***What’s Going On In There?***, How the Brain and Mind Develop in the First Five Years of Life, by Lise Eliot, PhD. Bantam, New York, 1999, \$16.95 in paperback. Dr. Eliot is a neurobiologist and assistant professor at the Chicago Medical School.

■ ***Building Healthy Minds***, The Six Experiences that Create Intelligence and Emotional Growth in Babies and Young Children, by Stanley Greenspan, MD. Perseus Books, Cambridge, Mass., 1999, \$25.00. Dr. Greenspan is Clinical Professor of Psychiatry and Pediatrics at George Washington University Medical School.

Many publications for the general public include information on the impact of development on feeding behaviors. Solid approaches to the subject are included in these books:

■ ***Your Baby and Child, From Birth to Age Five***, by Penelope Leach. Alfred A. Knopf, New York, 1997, \$20.

■ ***Touchpoints***, by T. Berry Brazelton, MD. Addison-Wesley, Reading, Mass., 1992, \$16.

■ ***What to Expect The First Year*** (1996) and ***What to Expect The Toddler Years*** (1996) by Arlene Eisenberg, Heidi E. Murkoff, and Sandee E. Hathaway, BSN. Workman Publishing, New York, \$13.95 each.

Videos

■ ***The First Three Years: Guide to Selected Videos for Parents and Professionals***

This guide, developed by the Families and Work Institute was researched by KIDSNET, and produced with support from The Commonwealth Fund in 1998. The 64 page guide includes reviews of videos in three categories: child development, health and safety, and parenting and family. The research methods used in the video review are explained thoroughly.

The full text of the guide is available online at www.cmwf.org. Single copies are available for free from The Commonwealth Fund at 1-888-777-2744 or 1-212-606-3840.

■ ***"The First Years Last Forever" video***

This compelling 29 minute video on infant and child development by the I Am Your Child Campaign is favorably reviewed in the guide above. The video has sections on bonding and attachment; communication; health and nutrition; discipline; self-esteem; and child care. Each segment begins with current theory on child development and ends with practical tips for parents.

The Bright Futures for Babies WIC Staff Inservice and WIC Group Class are based on this video. The video provides an excellent discussion of the impact of sensory stimulation on infant brain development. It could also be used with community groups and other health providers to emphasize the message that infant and children need healthy nutrition, healthy relationships and appropriate stimulation early in life, in order to fill their potential.

The video is \$5. Order from the I Am Your Child Campaign, P. O. Box 15605, Beverly Hills, CA 90209. You can also visit the I Am Your Child website at www.iamyourchild.org or call them at 1-310-285-2385.

■ ***"Growing With Love" video***

This 30 minute video for parents, produced by the Texas Department of Health, would be excellent in WIC group classes or waiting rooms. The video focuses on parenting issues during pregnancy, newborn, infancy and toddler stages. Bonding, brain development, nutrition and other important issues are discussed with a variety of images illustrating loving,

nurturing family relationships. Available in English and Spanish, this video is available from Replicopy, 512-419-1166. The cost is \$10-15, depending on quantity ordered.

■ ***"Bonding With Your Baby" video***

This high quality 16 minute video takes the viewer into the homes of four families with new babies. The parents talk about what bonding is, how and when bonding develops, and why bonding is important to their family life. Two of the mothers are African-American, one single and one widowed. The video comes with a discussion guide for facilitators and a one page handout for parents called "You Can Bond with Your Baby." The video would be excellent for a group class followed by a discussion of how feeding time provides opportunities for bonding.

The video was created by Dr. James Sayre, Clinical Professor of Pediatrics, University of Rochester and is distributed by InJoy Productions at 1-800-326-2082 or www.injoyvideos.com. It costs \$89.95 plus \$6 shipping.

■ ***"I'm Full" video***

The Public Health Foundation WIC Program has developed this 4 minute video. Ten different babies and toddlers are filmed while they are eating, to show the different body language babies and toddlers use to say "I'm hungry" or "I'm full." The video would be appropriate to use in a group discussion or group class.

The video is available from the Public Health Foundation WIC Program for \$10, which includes shipping and handling, by writing to PHFE WIC, Attn. Warehouse Manager, 12781 Schabarum Ave., Irwindale, CA 91706. To order by telephone, call the Warehouse Manager at 1-626-856-6650.

■ ***"Begin With Love, The First Three Months: Connecting With Your Child" video***

Oprah Winfrey narrates this 30 minute video for parents, produced by a consortium that includes Zero to Three, The Harris Foundation, Ronald McDonald House Charities, and Civitas, a national non-profit communications organization. The video focuses on the parent's relationship with the infant in the first three months of life. It highlights five guidelines that will help all new parents create a responsive and enriching environment for their young baby. Each copy of the video is \$9.95 plus shipping. To order a copy, visit <<www.civitas.org>>

More Resources

■ **Training Materials in the National Agricultural Library**

WIC staff can borrow many training materials and videos *at no cost* through the National Agricultural Library (NAL). View the list of offerings and order through the NAL website (www.nal.usda.gov/) or address requests to:

National Agricultural Library
Document Delivery Services Branch,
6th Floor
10301 Baltimore Avenue
Beltsville, MD 20705-2351

Documents and videos can also be requested from NAL through your local library using Interlibrary Loan. There may be a small shipping fee if going through Interlibrary Loan.

■ **WIC Works Website**

The WIC Works website provides a wide variety of resources and links to many others, including the *Bright Futures* website. The WIC-Talk listserv allows WIC staff to communicate with each other nationally.

This website is funded by the WIC Program and hosted by the Food and Nutrition Information Center at the National Agricultural Library. The WIC Works website address is www.nal.usda.gov/wicworks.

■ **Best Start Three Step Counseling Materials**

Best Start's 3-Step Counseling strategy focuses on breastfeeding issues. The 3-step counseling process is useful in all nutrition counseling, however.

The training module is \$72 plus \$10 shipping, from Best Start Social Marketing, telephone 1-800-277-4975 or 1-813-917-2119.

■ **Resource for Developing Partnerships**

Moving to the Future: Developing Community-Based Nutrition Services is a handbook and accompanying workbook and training manual which were developed by the Association of State and Territorial Public Health

Nutrition Directors (ASTPHND), under a grant with the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The resource emphasizes ways to integrate nutrition programs with a community's overall health plan by forming links with other health care programs and professionals, identifying common goals, and sharing resources.

A 124 page spiral-bound book describes the process of nutrition planning. The accompanying 149 page workbook and training manual provides tools for conducting a community assessment; determining goals and objectives; and implementing, monitoring and evaluating an intervention. The material walks the user through the process of writing a nutrition plan. The workbook includes training suggestions.

Moving to the Future is available for \$60, including shipping, through ASTPHND, PO Box 7018, York, PA 17404-0018. The telephone/fax number is 717-764-7938, and the email is ASTPHND@aol.com.

■ **"Thumbs, Fingers and Pacifiers" brochure**

The American Academy of Pediatrics has developed a series of brochures for parents on common concerns, such as diaper rash, toilet training, temper tantrums and discipline. One of the brochures is "Thumbs, Fingers, and Pacifiers, Guidelines for Parents." The first few sentences of the brochure set the tone: "Does your baby suck his thumb or use a pacifier? Don't worry, these habits are very common and have a soothing and calming effect. The need to suck is present in all infants."

This brochure would be excellent material to include as resource material when doing an inservice with *Bright Futures for Babies*.

The AAP will send a free sample of any brochure if you send a request and a self-addressed stamped envelope to:

AAP Publications
P.O. Box 47
Elk Grove, IL 60009-0747

The pacifier pamphlet is sold in bundles of 100. The non-member price is \$35 for a pack of 100, plus shipping. Call the AAP at 1-800-433-9016 to order or visit their website at www.aap.org.

■ ***Parent-child Bonding brochure***

"Parent-child Bonding: The Development of Intimacy" is an 11-page brochure which covers many aspects of infant-parent attachment in a question and answer format. The brochure is by Stanley I. Greenspan, MD, an eminent authority in the field of infant attachment. This brochure would be excellent to include as resource material when doing an inservice with *Bright Futures for Babies*. It is not appropriate for an audience with low literacy skills.

The booklet is available from Prevent Child Abuse America at 1-800-835-2671. The item number—702274—is useful when ordering or when requesting one free copy. Multiple copies are \$.70 each plus shipping.

■ ***WIC group class scripts from the Nutrition Education Consortium of Southern California WIC Programs***

The Nutrition Education Consortium of Southern California WIC Programs has developed two group classes for prenatal clients and the parents/guardians of newborns which promote both nutrition education and parenting skills. The two objectives of the first class are to name one way to bond with your baby before it is born, and to name one way to calm a crying baby. The second class focuses on motor activities, including feeding, and promotion of language development. The classes are in both English and Spanish. They are available electronically by emailing a request to Gauri Rao, MS, RD, Senior Nutritionist of the Public Health Foundation WIC Program, at <<gauri@phfewic.org>> She will email an attachment with the class objectives, props, and scripts of both classes. A list of other group classes is also available by request.

■ ***Zero To Three***

Zero To Three is an organization that focuses on both infant and child development and on building effective partnerships between families and health professionals. They publish a bulletin for health professionals that focuses on a different topic in each issue. Their website at www.zerotothree.org offers resources for both parents and professionals, including complete listings of the contents of all their bulletins.

■ ***Johnson and Johnson Pediatric Institute***

The Johnson and Johnson Pediatric Institute has a variety of materials for use with families. Request their "Education Resource Guide," which is a catalog of publications, posters, videos, parenting booklets and continuing education programs. One free copy of the following parent booklets on early brain and child development are available by request: "Amazing Talents of Your Newborn," "Growing Together" and "Nurturing Your Baby's Development." A poster entitled "Touch Me" is available, as is a parent's journal of baby's development entitled, "Your Baby's Development." To request, call the Institute at 1-877-565-5465 or visit their website at <<www.jjpi.com>>

Feeding Your Baby With Love

Did you know...?

Feeding time is a special time!

- **Feeding time is important for babies!** They are taking in more than just nutrition. They are taking in the world. Sights, sounds, smells, touches and tastes – at feeding time and all the time – are what make your baby's brain grow and develop.
- **Hold and love your baby at feeding time.** Your baby needs to look into your eyes, hear your voice, and feel your love. Make feeding time a pleasant time. You both deserve it!
- **Breastfeeding is the ideal way to feed your baby.** It gives your baby the best nutrition possible, as well as the sight, sound, taste, smell and touch of the most important person in baby's world: you!
- **Bottle feeding? Your baby also needs your sound, smell, look and touch at feeding time!** Hold your baby and look into your baby's eyes. Talk to your baby and stroke your baby's skin. Feeding time is a special time, no matter how you feed your baby.

You can't spoil a newborn baby.

- **Find out what your baby is crying for.** Studies show that babies are more content, cry much less and sleep more at night when someone responds quickly and warmly to their cries as newborns.
- **Your baby becomes secure, as you meet your baby's needs.** Over time, your baby learns to trust you. Then trust turns into a strong bond and a deep love between you.

Babies give clues when they are hungry or full.

- **Hungry babies will let you know it.** First they may fuss, make faces like they are going to cry, chew on a hand, open and close their lips, or look like they are trying to nurse. Babies will cry when they get really hungry because it hurts. It's not easy to feed a crying baby, so look for the clues.
- **Full babies will let you know it, too.** They will close their lips tightly, pull away from the breast or bottle, go to sleep, or get interested in something else. Watch closely and you can tell when your baby is full.
- **Did you know that a newborn's tummy is about the size of a golf ball?** Babies eat small amounts. They also eat different amounts at different times. This is normal. A little spitting up after feeding is normal, too.
- **Babies eat more during growth spurts.** A growth spurt is a time of fast growth that usually lasts a few days. Baby will wake more often and eat more often. Expect the first growth spurt between 2 and 4 weeks of age.

Want to know more?

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Bright Futures for Babies

User's Guide



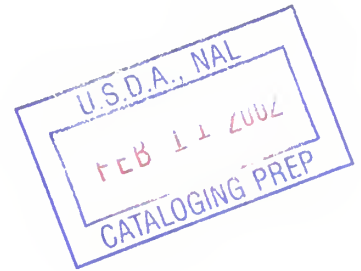
- Supervisor's guide for self-instructional training
- Script for WIC staff inservice
- Script for WIC group class
- Script for presentation to child care providers
- Nutrition education brochure
- Partnership and outreach ideas

Susan Miller

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User's Guide

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Susan Miller, M.P.H.

SMillerMPH@aol.com
3651 Rue Mignon
New Orleans, LA 70131
Phone (504) 391-2819
Fax (504) 391-2820

Susan Miller was a public health nutritionist in the Louisiana WIC Program for 11 years. She has developed educational materials and training materials for public health since 1990. She has a master's degree in public health nutrition from the University of North Carolina at Chapel Hill. She has written a variety of training materials for nutrition educators, including manuals for two state WIC programs. She wrote "Bright Ideas for Nutrition Educators," "Spike Heels, Purple Eye Shadow and Your Basic Nutrition Handout," "Oh, Baby! Grow, Baby!" and "Bright Futures for WIC Nutrition Services." She has written educational materials for WIC programs, as well as other programs, including the Commodity Supplemental Food Program, Louisiana Family Planning Program, and Louisiana Maternal and Child Health.

"Bright Futures for Babies" was originally prepared for the Supplemental Food Program Division, Special Nutrition Programs, Food and Nutrition Service, Department of Agriculture, for presentation at the September, 2000 National Association of WIC Directors Nutrition Services and Breastfeeding Promotion Conference. The original version is posted on the WIC Works Website. A revised version, dividing "Bright Futures for Babies" into a Self-instructional Training Module and a User's Guide, was prepared for presentation at the May, 2001 National Association of WIC Directors Annual Meeting. This third version (September, 2001) includes some changes to scripts, pre-tests and post-tests, as a result of testing and evaluations with various audiences. You have permission to reproduce "Bright Futures for Babies" or to adapt it as desired.

How “Bright Futures for Babies” Can Be Used

Uses with Staff

Bright Futures for Babies has two training formats: self-instructional training and staff inservice. The trainings are different in both format and content, but complement each other. The trainings can be used independently or can be used in conjunction with each other.

- This User’s Guide includes a **Supervisor’s Guide to Self-Instructional Training** to be used in conjunction with the Self-Instructional Training Module for professional staff. The Supervisor’s Guide includes suggestions for use and a Pre-test and Post-test for the module.
- The “**Script for a WIC Staff Inservice**” is an inservice for *all* staff, including support staff and custodial staff. The messages are easy to understand and underscore the importance of the work done by WIC staff at all levels. The staff inservice is based on a video on infant brain development, stimulation and responsive infant care. The relationship of these topics to infant feeding and healthy feeding relationships is highlighted in group discussions between video segments.

Ideas for combining the two training formats:

- All staff could be introduced to the concepts in an inservice using “Script for a WIC Staff Inservice.” The self-instructional training module could be incorporated into existing training.
- Professional nutrition staff could do the self-instructional training module independently, and then present the “WIC Staff Inservice” to all other WIC staff.
- The “Script for a WIC Staff Inservice” could be used to present a session at a State or regional conference or local agency inservice. Professional nutrition staff could then receive the self-instructional training module as follow-up continuing education.

Uses with Clients

- “**Feeding Your Baby’s Brain—Script for a WIC Group Class**” follows the same basic format as the “Script for a WIC Staff Inservice.” The same video serves as a base for facilitated group discussion. The “Feeding With Love” brochure in the Self-Instructional Training Module can be used in conjunction with this group class, if desired. The group class could be paired with other ideas from the next section, “Nutritionists Brainstorm Using the Concepts in Practice,” such as themes for bulletin boards.
- The section entitled “**Nutritionists Brainstorm Using the Concepts in Practice**” is a synopsis of the ideas of about one hundred nutritionists who participated in a brainstorming session at the National Association of WIC Directors Nutrition Education and Breastfeeding Promotion Conference in Salt Lake City, Utah, in September, 2000. After participating in the “WIC Staff Inservice” of *Bright Futures for Babies*, they generated ideas on how to communicate the concepts to parents.

Uses in the Community

- The section on “**Community Partnerships and Outreach**” focuses on ways that the video and the *Bright Futures for Babies* concepts have been used in community partnerships to date. These include a public awareness effort in Lihue, Hawaii; a presentation at a local dietetics association meeting; a newsletter for WIC and Healthy Start staff; and a Homevisiting Program Inservice Training. This section includes information on using the “Feeding With Love” brochure for outreach that targets potential prenatal and postpartal participants.
- “**Using the WIC Group Class Script with Child Care Providers**” can give nutrition staff a ready-to-go inservice when invited to speak with child care providers, Head Start, early childhood educators, and other similar groups.

Background Information

Bright Futures for Babies is a set of materials based on *Bright Futures in Practice: Nutrition*,* as well as on other references and recent research on infant brain development. (See *Selected Resources* for information and ordering information on all references.)

Bright Futures in Practice: Nutrition is a comprehensive resource on delivering nutrition services to the families of infants and children. It is an implementation guide of *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents*.**

Bright Futures in Practice: Nutrition was written by dozens of contributors and was reviewed by over 150 health professionals, educators, and representatives from family organizations.

Organizational reviewers include the National Association of WIC Directors, the Society for Nutrition Education, The American Dietetic Association, the American Academy of Pediatrics, the American Nurses Association, and the American Public Health Association, as well as 31 other organizations.

Bright Futures for Babies builds on the *Bright Futures in Practice: Nutrition* “Desired Outcomes for the Infant and the Role of the Family.” These desired outcomes, listed on the next page, are important targets of nutrition services.

This training explores why several of these desired outcomes are important. Nutrition staff are encouraged to target these outcomes in practice by:

- analyzing nutrition services in relation to the desired outcomes and making changes as indicated
- reviewing current nutrition education materials and revising them to include targeted information that promotes the desired outcomes
- using the desired outcomes to advocate for more resources and support for nutrition services
- utilizing the desired outcomes in community outreach and in forming partnerships.



* Story, M, Holt K, Sofka D, eds. 2000. *Bright Futures in Practice: Nutrition*. Arlington, VA: National Center for Education in Maternal and Child Health.

** Green M, Palfrey JS, eds. 2000. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Second Edition. Arlington, VA: National Center for Education in Maternal and Child Health.

Bright Futures for Babies addresses the outcomes in this table which are in bold.

Desired Outcomes for the Infant, and the Role of the Family

*from Bright Futures in Practice: Nutrition**

Infant

Educational/Attitudinal	Behavioral	Health
<ul style="list-style-type: none"> • Has a sense of trust • Bonds with parents • Enjoys eating 	<ul style="list-style-type: none"> • Breastfeeds successfully • Bottle feeds successfully if not breastfeeding • Consumes supplemental foods to support appropriate growth and development 	<ul style="list-style-type: none"> • Develops normal rooting, sucking, and swallowing reflexes • Develops fine and gross motor skills • Grows and develops at an appropriate rate • Maintains good health

Family

Educational/Attitudinal	Behavioral	Health
<ul style="list-style-type: none"> • Bonds with the infant • Enjoys feeding the infant • Understands the infant's nutrition needs • Acquires a sense of competence in meeting the infant's needs • Understands the importance of a healthy lifestyle, including healthy eating behaviors and regular physical activity, to promote short-term and long-term health 	<ul style="list-style-type: none"> • Meets the infant's nutrition needs • Responds to infant's hunger and satiety cues • Holds the infant when breastfeeding or bottle feeding and maintains eye contact • Talks to the infant during feeding • Provides a pleasant eating environment • Uses nutrition programs and food resources if needed • Seeks help when problems occur 	<ul style="list-style-type: none"> • Maintains good health

(BFP:N, p. 50)

* Story, M, Holt K, Sofka D, eds. 2000. *Bright Futures in Practice: Nutrition*. Arlington, VA: National Center for Education in Maternal and Child Health.

Supervisor's Guide to Self-Instructional Training

This supervisor's guide includes this general discussion of use, followed by:

- Pre-test to use before any training
- Post-test for the entire training and Post-test Answers
- Optional sheet to give with Post-test: "Deciding How to Use This Material in Practice"

■ **Intended audience:**

This module is intended for professional nutrition staff.

An inservice session based on the "Script for a WIC Staff Inservice" is more appropriate for paraprofessional nutrition staff.

■ **Time required:**

It will take approximately 1.5 hours for an individual to complete the entire Self-Instructional Training Module. The time will vary from individual to individual.

■ **Materials needed:**

The only material needed is the Self-Instructional Training Module and a pencil or pen for the Quick Self-Checks.

■ **Learning Objectives:**

Training on this material could have a number of learning objectives. Three that are reflected in the successful completion of the Post-test are:

1. Learners will be able to identify appropriate feeding practices in early infancy which contribute to healthy nutrition, healthy relationships and appropriate sensory stimulation.
2. Learners will be able to demonstrate their understanding of how sensory experiences affect brain development.
3. Learners will be able to identify three hunger cues and three fullness cues in early infancy.

■ **Quick Self-Checks and Self-Check Answers:**

Each of the four self-instructional segments of the training module has a Quick Self-Check, with Self-Check Answers on the following page. These serve as a review and also a short self-quiz.

If a staff member is able to answer the Quick Self-Checks correctly, they will probably do well on the Post-test, as the questions are essentially the same.

■ **Pre-test:**

The Pre-test is a tool to help the trainees realize their knowledge gain at the end of the training and to help supervisors evaluate the success of the training. The questions on the Pre-test and the Post-test are the same. The only difference is that the answers on the Pre-test include the option, "Not Sure."

There is no answer sheet for the Pre-test, as it is not intended for scoring. However, the answer sheet for the Post-test provides the Pre-test answers, if desired.

■ **Post-test:**

How to administer the Pre-test and Post-test is something each supervisor can decide, as each training situation may be different.

This scenario could work for many supervisors:

- Administer the Pre-test at a staff meeting before passing out the Self-Instructional Training Module.
- Ask staff to complete the module before the next meeting.
- At the followup meeting, the group takes the Post-test. After taking the Post-test, they review the answers as a group; take a look at how their own Post-test compares with their own Pre-test; discuss knowledge gain and practical applications.

A page entitled "Deciding How to Use This Material in Practice" is included as the last page of this Supervisor's Guide. It could be added to the Post-test, to help staff begin thinking through practical applications, while the concepts are still fresh.

Bright Futures for Babies

Pre-test

You are not expected to know the correct answers to this Pre-test! Some of the information in *Bright Futures for Babies* is relatively recent information on infant brain development. Therefore, it may not have been in any of your previous trainings and you are not expected to know it before doing this self-instructional module.

The purpose of the Pre-test is to provide a gauge for *you* to see if the *Bright Futures for Babies* training increases your knowledge and awareness. Therefore, if you are *sure* of an answer, mark it “True” or “False.” If you are *not* sure of an answer, mark “Not Sure.” If you avoid guessing, the Pre-test will provide you with a more accurate indication of what you have learned when you take the Post-test. There is no disadvantage for marking “Not Sure.” Most of the people taking this Pre-test are not sure of many of the correct answers until after the training.

There are 25 questions on this Pre-test. They are not tricky, nor do they have hidden meaning. All the points in the Pre-test will be addressed in the training. The Pre-test should take you under 5 minutes.

Circle one answer—True, False or Not Sure:

- | | | | |
|--|------|-------|----------|
| 1. Physical contact during feeding affects communication and bonding between the parent and infant. | True | False | Not Sure |
| 2. A sense of caring or trust that develops during infancy lays the groundwork for communication throughout life. | True | False | Not Sure |
| 3. Consistently ignoring an infant’s feeding cues helps contribute to a healthy feeding relationship. | True | False | Not Sure |
| 4. A dysfunctional feeding relationship between a baby and caregiver can affect dietary intake and growth. | True | False | Not Sure |
| 5. For optimum development, newborns need to be fed as soon as possible when they express hunger. | True | False | Not Sure |
| 6. One of the major developmental tasks in early infancy is to develop a sense of security. | True | False | Not Sure |
| 7. Studies show that newborns can easily be “spoiled.” | True | False | Not Sure |
| 8. Stimulation from the environment (sights, sounds, touching, etc.) has a major impact on the development of an infant’s brain. | True | False | Not Sure |

9. Experiences in infancy can affect the brain's actual structure.	True	False	Not Sure
10. Physical touch is important to bonding and attachment.	True	False	Not Sure
11. Infants experience relationships through their senses.	True	False	Not Sure
12. Relationships early in life are the major source of development of the emotional and social parts of the brain.	True	False	Not Sure
13. Talking with an infant begins to be important at the end of infancy, around one year of age, as language develops.	True	False	Not Sure
14. Young babies tend to get upset if the parent is upset.	True	False	Not Sure
15. Overstimulated babies often cry.	True	False	Not Sure
16. Infants who are easily distracted during feeding may need gentle repetition like rocking, patting and stroking.	True	False	Not Sure

What are three signs an infant may be hungry, before the infant starts crying?

- 1.
- 2.
- 3

What are two signs an infant is full, besides falling asleep?

- 1.
- 2.

Bright Futures for Babies Post-test

You were not expected to know the correct answers to the *Bright Futures for Babies* Pre-test. Now that you have read the modules and done the Quick Self-checks, however, you will probably know all the answers to this Post-test. That is why the “Not Sure” option has been removed.

The same questions that were on the Pre-test are on this Post-test, which will enable you to compare your answers.

Circle one answer—True or False:

- | | | |
|--|------|-------|
| 1. Physical contact during feeding affects communication and bonding between the parent and infant. | True | False |
| 2. A sense of caring or trust that develops during infancy lays the groundwork for communication throughout life. | True | False |
| 3. Consistently ignoring an infant’s feeding cues helps contribute to a healthy feeding relationship. | True | False |
| 4. A dysfunctional feeding relationship between a baby and caregiver can affect dietary intake and growth. | True | False |
| 5. For optimum development, newborns need to be fed as soon as possible when they express hunger. | True | False |
| 6. One of the major developmental tasks in early infancy is to develop a sense of security. | True | False |
| 7. Studies show that newborns can easily be “spoiled.” | True | False |
| 8. Stimulation from the environment (sights, sounds, touching, etc.) has a major impact on the development of an infant’s brain. | True | False |

9. Experiences in infancy can affect the brain's actual structure.	True	False
10. Physical touch is important to bonding and attachment.	True	False
11. Infants experience relationships through their senses.	True	False
12. Relationships early in life are the major source of development of the emotional and social parts of the brain.	True	False
13. Talking with an infant begins to be important at the end of infancy, around one year of age, as language develops.	True	False
14. Young babies tend to get upset if the parent is upset.	True	False
15. Overstimulated babies often cry.	True	False
16. Infants who are easily distracted during feeding may need gentle repetition like rocking, patting and stroking.	True	False

What are three signs an infant may be hungry, before the infant starts crying?

- 1.
- 2.
- 3.

What are two signs an infant is full, besides falling asleep?

- 1.
- 2.

Bright Futures for Babies

Post-test Answers

The answers are:

- | | |
|--|-------|
| 1. Physical contact during feeding affects communication and bonding between the parent and infant. | True |
| 2. A sense of caring or trust that develops during infancy lays the groundwork for communication throughout life. | True |
| 3. Consistently ignoring an infant's feeding cues helps contribute to a healthy feeding relationship. | False |
| 4. A dysfunctional feeding relationship between a baby and caregiver can affect dietary intake and growth. | True |
| 5. For optimum development, newborns need to be fed as soon as possible when they express hunger. | False |
| 6. One of the major developmental tasks in early infancy is to develop a sense of security. | True |
| 7. Studies show that newborns can easily be "spoiled." | False |
| 8. Newborns who are more quickly and warmly responded to when crying typically learn to cry much less and sleep more at night. | True |

- | | |
|--|-------|
| 9. Experiences in infancy can affect the brain's actual structure. | True |
| 10. Physical touch is important to bonding and attachment. | True |
| 11. Infants experience relationships through their senses. | True |
| 12. Relationships early in life are the major source of development of the emotional and social parts of the brain. | True |
| 13. Talking with an infant begins to be important at the end of infancy, around one year of age, as language develops. | False |
| 14. Young babies tend to get upset if the parent is upset. | True |
| 15. Overstimulated babies often cry. | True |
| 16. Infants who are easily distracted during feeding may need gentle repetition like rocking, patting and stroking. | True |

What are three signs an infant may be hungry, before the infant starts crying?

Signs of hunger include:

- hand-to-mouth activity
- rooting (responding to touch of face, searching for nipple, mouthing)
- pre-cry grimaces
- fussing sounds

25. What are two signs an infant is full, besides falling asleep?

Signs of fullness include:

- closing the mouth
- turning the head away from the nipple
- showing an interest in other things rather than an interest in feeding further

Deciding How to Use This Material in Practice

Brainstorm ways that this material and these concepts be integrated into practice in:

- nutrition education and counseling
- nutrition education materials
- training
- newsletters
- bulletin boards
- outreach

Script for a WIC Staff Inservice

Presenter's Guide

This inservice session takes advantage of the excellent video, "The First Years Last Forever." Four short segments of the video (3 to 5 minutes each) provide a foundation for discussion. The video provides powerful visuals as well as the input of noted experts.

■ Intended audience:

Bright Futures for Babies can be adapted as needed, depending on training needs, the educational backgrounds of the trainees, the goals and objectives, where the training is taking place, and the time available for training. The inservice session described here could be presented to any group of WIC staff. It is suitable for presentation to either a small or large group.

■ Time required:

Depending on the time spent on group discussion, the training outlined here will take about 1 hour and 15 minutes. It could be expanded with more discussion and activities or shortened by limiting discussion.

■ Equipment:

The only equipment required is a VCR and a TV monitor. A flip chart could be used, if desired, to list the cues of hunger and satiety.

■ Preparation:

To prepare to do this inservice, a presenter will need to:

- schedule time to watch the video and note the segments used in the training
- study the *Bright Futures for Babies* script and decide if the training needs to be adapted for local needs.

Preparation time should be minimal unless the inservice is substantially altered.

■ Learning Objectives:

- (1) Participants will be able to identify what kinds of stimulation makes the infant's brain develop.
- (2) Participants will be able to explain why attachment/bonding is important in infancy.
- (3) Participants will be able to identify three infant feeding practices that promote infant brain development and attachment.

■ Advance preparation checklist:

- ☐ Schedule date and time for session.
- ☐ Decide who will participate and invite them.
- ☐ Obtain a copy of the video "The First Years Last Forever." (See *Selected Resources*.)
- ☐ Decide how to adapt or expand the inservice, if desired.
- ☐ Make copies of the handouts, if desired.
- ☐ Type up and make copies of the Brainstorming sheet and also a feedback sheet, if desired.

If you can think of something that would make the session casual, fun and different, do it!

■ Feedback sheet :

A feedback sheet at the end of the session could ask:

- What is the main idea you are taking away?
- What specific things will you do as a result of this training?
- Is there a group that you might present this session to yourself? What group?
- On a scale of 1 to 10, with 10 being "great," how would you rate this session overall?

■ Pre-test and Post-test

An easy, fast pre-test before you begin is to ask participants to imagine an ideal breastfeeding situation. (Can model this using a baby doll as a prop.) Ask the trainees to do this: "List on the back of the evaluation sheet everything the baby is getting in this ideal breastfeeding situation." After a minute, ask trainees to put a box around this information.

As a post-test at the end of the inservice, ask trainees to return to that list and now add any additional things that the baby is getting during breastfeeding.

Script for a WIC Staff Inservice

Introduction

“Babies require **healthy nutrition, healthy relationships, and appropriate sensory stimulation** early in life, in order to fulfill their potential. This session is designed to help you understand more about **why** they need these things. It will help you communicate with parents about some important things that go on in the first few months of life--especially at feeding time.

What we are going to do is watch four segments of this video, “The First Years Last Forever” and then discuss what we have gotten out of each segment. Each segment is short, but each segment has a lot of information in it, so as you watch and listen, see what information is new for you and what the most important points are.”

Part 1: Infant Brain Development

Introduction to video:

- “This first segment is 3 minutes.”

Video:

- Group views the first segment of “The First Years Last Forever” video: the first 3 minutes of the video.
- Where to stop video: at “Bonding and Attachment,” spelled out in baby blocks, 3 minutes into video.

Discussion questions:

Ask the audience some leading questions to get things started and get them warmed up. Reading the questions off this script is fine.

- **A baby has 100 million brain cells at birth. That’s an amazing potential, isn’t it? But....are all these brain cells “wired” together?** Are the brain pathways formed? (No.)
- **What is it that shapes the brain’s wiring?** (outside world, sensory stimulation, experiences)
- **When does stimulation and experience start affecting a baby’s brain “wiring”?** (At birth.)
- **By the way, what do we mean by sensory stimulation?** (5 senses: sight, hearing, smell, taste and touch. Point to these on your face as they are said. Stroke your cheek for touch.)
- **What is the result of little or no stimulation?** (limited brain development, poor growth. Babies die who get enough nutrition but no stimulation—such as in World War II in Europe.)
- **Okay, so who provides a baby with stimulation?** (everyone the infant is in contact with, especially the family.)

And a last question:

- **What provides stimulation of all the senses every few hours in early infancy?** (infant feeding)

Summary point: So, to summarize what we just saw in this segment, **infant brains develop as a result of what?...**(wait for answer) **Yes, stimulation!** Infant feeding is a major source of stimulation, especially in the early months of life, when babies basically sleep and eat. Each time a baby is fed, the baby's senses are fed, too.

Part 2: Bonding and Attachment

Introduction to Video:

- “Again, as you watch the next 3 minutes of the video, watch for the main points parents need to know.”

Video:

- Group views next segment of “The First Years Last Forever” video: 3 minutes on “Bonding and Attachment.”
- Where to stop video: at “Communication” spelled out in baby blocks. This point is about 30 seconds after the baby pulls away from nursing at the breast to gurgle up at mother. (This always gets a laugh, so get prepared to stop video about 30 seconds after the laugh.)

Discussion questions:

- **Why is touch important? What does touch do?** (Accept any answers like:
 - Touch is one of those experiences that helps make brain cells connect with each other.
 - Touch stimulates growth, by stimulating growth hormones.
 - Touch helps you and your baby bond with each other.)
- **Has anyone had a premature baby in the family? What is the family encouraged to do in the ICU?** (Parents are encouraged to touch and talk with baby, sing to them, hold and rock them, when possible. **Why?** To stimulate hormones for growth and help attachment occur.)
- **Attachment or bonding...What do they lead to, in the long run?** (Someone will probably say “love,” “security” or “trust” and you can repeat: “Yes, attachment leads to security, which leads to trust, which leads to love. Secure attachment early in life is the basis for all future relationships—throughout life.”)
- “From your experience, **which infants are at highest risk for *not* developing attachment?**” (Infants with depressed mothers; infants born with special health care needs; infants who are difficult to feed or who have colic: very young parents; parents who are afraid to “spoil” the baby.)

Summary Point:

So, in summary, warm, *responsive care* and *touch* are not just “nice”—your baby needs them both for growth and attachment.

Summary Point:

So, in summary, warm, *responsive care* and *touch* are not just “nice” --they are actually *vital* to both growth and attachment.

Part 3: Interaction

Introduction to Video:

- “Now let’s watch the next segment of the video on infant communication. A lot of parents of new-born babies don’t really think that their babies are capable of communicating, right? Well, they should see this! ”

Video:

- Group views next 3 minutes of “The First Years Last Forever” video on “Communication.”
- Where to stop video: This is the only time where you will stop in the middle of a segment. Stop right after this sentence in the crying discussion: “Responding to this special request is critical,” or, if you miss that, the next shot is a father bending over his baby and making cooing sounds. Stop there. View video ahead of time to see where to stop.

Discussion Questions:

- **When do babies start communicating?** (at birth)
- **Do you think parents realize that their young babies are capable of communicating?** Could we observe and point out to a parent how their baby is trying to communicate? (For example: “Look at how your baby is looking at you! She is in the ‘quiet, alert state’ right now—eyes open wide and looking right at you. She is ready to interact with you!” Or “I see that she is starting to fuss and chew on her fist. That’s often a sign that a baby’s getting hungry...Isn’t it something how babies can communicate with us, even at this young age?”)
- **Is it important for parents to respond to their baby’s cries? Why?**(Babies need to develop trust that someone will meet their needs)
- **Do you know WHY babies often cry when they are overstimulated?** (Nervous system gets “over-loaded,” babies cry to block out further stimulation)
- **One thing babies communicate over and over again is when they are hungry and when they are full. How can we assess that a new parent knows what the cues are?** (We can ASK: “How does your baby tell you she’s hungry?” “How does she tell you she’s full?” Or we can say, “Here are the ways babies say they are hungry and full. What does *your* baby do?”)
- **How do young infants communicate hunger? fullness?** (Perhaps use flip chart to list.)
Let’s list the signals or cues that babies use to tell us they are hungry and full. What are they?

(Perhaps use flip chart or chalkboard to list, if you have time:)

Hunger cues include: hand-to-mouth sucking, rooting, making crying faces but not actually crying yet, fussing sounds and then, finally crying. Crying is the last signal of hunger. (“Rooting” is when the baby’s mouth is touched and the baby turns to the touch and opens his or her mouth. This is a reflex that

allows the baby to seek out and grasp a nipple.)

Fullness cues include: turning the head away from the nipple, closing the mouth, showing interest in things other than eating. It is important to notice these cues and respond to them. Even newborn babies can let you know when they are full.

- **Do you ever talk with parents who are afraid of “spoiling” their baby?**—They don’t know that you CAN NOT spoil a newborn baby. (Newborns cannot be spoiled. They do not have the brain capacity for it yet.) Warm, loving, consistent responses help build security—like getting up in the middle of the night to change a diaper, or feeding when the baby makes signs that she’s hungry. Security becomes trust over time. Trust becomes love. Older babies, at about 4-6 months of age, can wait longer to have their needs met but young babies need someone to respond to their needs right away.

Summary Point:

To sum up this part,

- **Attachment results when infants learn that somebody will take care of their needs, like their hunger.**
- **Warm, consistent responses build attachment and security. Security becomes trust over time. Trust becomes love.**
- **You CAN NOT spoil newborns by responding to their needs.**

Part 4: Talking and singing to your baby

Introduction to Video:

- “Now let’s watch the last segment of the video. The video is actually longer, but this is all we are going to watch today. This part talks more about communication with babies, including how talking and singing to a baby enhances development and the parent-child bond.”

Video:

- Group views the rest of the segment that you interrupted previously. This final segment takes 5 minutes. (This is the final video segment you will show the group. The rest of the video focuses on older infants and children.)
- Where to stop video: stop when “Health and Nutrition” is spelled out in baby blocks.

Discussion Questions:

- **So what does talking to a baby or singing to a baby actually *do* for the baby?**
Possible answers from group:
 - Makes the baby feel important to someone, helps the baby feel connected to the caregiver.
 - Teaches the baby language.
 - Sets down some pathways in the brain for learning.
- From your experience, **do you think parents know that talking with their baby is so important?** (No? In that case, we can help make parents more conscious of the baby’s need to be talked to.)

- **Summary point:**

Warm, loving, responsive parenting is very, very important to baby's development. Parents need to take time with their baby, to talk and interact, not just rush through taking care of their baby. In fact, it's important to take time to *enjoy* the baby, and what better time than at feeding time?

Part 5: Anticipatory Guidance

(This section refers to the table, "Desired Outcomes for the Infant and the Role of the Family," from *Bright Futures in Practice: Nutrition*. This table is reproduced on page 3 of both the *Bright Futures for Babies* User's Guide and Self-Instructional Training Module. If your audience has this material, ask them to turn to page 3. Give them a moment to look it over. If the audience does not have it, just proceed.)

We have talked about how important it is for an infant to get proper stimulation in the early months of life, as well as have responsive caregivers. This helps a baby:

- develop a sense of trust
- bond with parents and caregivers
- enjoy eating

It's also important for the family to:

- feel competent in meeting the infant's needs
- bond with the infant
- enjoy feeding the infant.

What happens is that:

- as the parent acquires a sense of competence, the infant acquires a sense of trust
- as the family bonds with the infant, the infant bonds with the family
- as the parent enjoys feeding the infant, the infant enjoys eating.

These things are very important for babies and their families--but they don't just happen! They depend on *behaviors*...like:

- (1) Responding to the baby's hunger and fullness cues
- (2) Holding and interacting with the baby during feeding
- (3) Providing a pleasant and relaxed eating environment. (Unpressured, calm, relaxed, enjoyable.)

All of these things stimulate brain development and attachment—and help the baby feel secure. We have become aware in this session how important stimulation, attachment and security are. We realize that without healthy nutrition, healthy relationships and appropriate stimulation, a baby will not grow to his or her full potential.

Brainstorming Exercise

(This is a highly recommended optional small group exercise, depending on time.)

Now we are going to break up into groups of 3 or 4 people (just cluster together) and we are going to brainstorm for X number of minutes. (3-5 minutes would be good, but 2 minutes would work, too, if time is tight.) Have Brainstorming sheets ready to pass out, one per group.

At the top of the sheet, type this paragraph:

Brainstorming How To Use These Concepts in Practice:

How can you make use of this information?

Make a list of specific ways to incorporate information on stimulation and the importance of sensitive, responsive infant feeding into:

- **nutrition education and counseling**
- **nutrition education materials**
- **training**
- **newsletters**
- **bulletin boards**
- **outreach**

Pass out these sheets quickly (ask for helpers) and let the groups brainstorm for as long as you have decided. Then ask each group to share one idea. Ask that they give a new idea that has not already been shared by another group. If you have time, go back and let each group offer another way to use the information.

Thank them for all of their input and encourage individuals to decide *right now* on one new thing that they will do when back in their usual work situation. (Could also discuss the ideas and prioritize them if time allows.)

(If time allows, ask members of the audience what they found most interesting in the video. Allow time now for questions, too.)

Summary

Infant feeding is not just about babies getting the right amount of breastmilk or formula or starting solids at the right time. It's a lot bigger than that. It's about stimulation, brain development, bonding and attachment, trust, security and love. It's about developing healthy feeding relationships and even preventing obesity. By helping parents understand more about the importance of infant feeding, we can *truly make a difference* for babies and their families.

(Do post-test now, if desired.)

Thanks for coming and participating in this session, and thanks for your great responses. Please fill out the Feedback Sheet before you leave.

Feeding Your Baby's Brain!

Presenter's Guide for a WIC Group Class

This session takes advantage of the excellent video, "The First Years Last Forever." Four short segments of the video (each 3 minutes or less, for a total of 11.5 minutes of video) provide a foundation for discussion in a group class in a WIC clinic or other similar setting. The video provides powerful visuals as well as the input of noted experts. Discussion provides an opportunity for parents to think about and relate to the material in the video.

■ **Intended audience:**

The class described here is especially suited for prenatal clients and the parents of infants.

■ **Time required:**

Depending on the amount of time spent on group discussion, the class will take about 25 to 30 minutes. It can be shortened, if needed, by limiting the discussion. The class could be expanded with more discussion and activities, if desired. It is suitable for presentation to any size group.

■ **Equipment:**

The only equipment needed is a VCR and a TV monitor. A flip chart could be used to list cues of hunger and fullness, if desired, but this is not necessary.

■ **Preparation:**

- Preparation time for the first class should be minimal (about one hour) unless the session is substantially altered. Once the presenter is familiar with the video and script, preparation time for later classes will not be necessary. To prepare for this class, the presenter will need to:
- Obtain a copy of the video "The First Years Last Forever." (See *Selected Resources in Bright Futures for Babies.*)
- Schedule time to watch the video and note the segments used in the class.
- Become familiar with the script. Perhaps highlight main points.

■ **Learning Objectives:**

- (1) Participants will be able to identify the kinds of stimulation that make the infant's brain develop. (Experiences that provide sensory stimulation: touch, sight, sound, taste, smell.)
- (2) Participants will be able to identify one activity that occurs regularly in early infancy which "feeds the baby's brain." (Infant feeding.)
- (3) Participants will be able to describe one factor that helps an infant develop attachment. (All of these help the baby develop attachment: consistent, loving, responsive attention to the baby's needs; touching and holding; talking and singing; feeding when hungry.)

■ **Some helpful tips:**

- Expect that the group will not respond to your questions until they get comfortable. Answer your own questions in a relaxed way, as if that is what you intended to do anyway.
- Say "Thank you" to the people who give the first responses to your questions, to provide a supportive environment for interaction. For instance, "Yes, thank you, that's right..."
- Keep the lights on during the video segments, so that you can check your script to see when to stop the video.
- Maintain a moderately fast pace so that the discussion moves right along.
- Read the discussion questions directly from the script. Don't try to memorize them!

Feeding Your Baby's Brain!

Script

Introduction

- Did you know that every time you feed your baby, you are feeding your baby's brain, too?
- Did you know that stimulating your baby's senses is what makes your baby's brain develop?
- Did you know that babies whose brains have been 'fed' with the right kinds and amounts of stimulation are smarter, happier, healthier babies?

This is what this class is about today! When you leave here, I guarantee you, you will know more about babies than you knew before!-- I have learned a lot myself from the video you are about to see!

The main point today is that:

Every time you feed your baby, you provide nourishment for your baby to grow, and you **ALSO** provide stimulation for your baby's brain to develop!

What we are going to do today is watch four parts of a video, "The First Years Last Forever" and then discuss each part. Each part is short but has a whole lot of information in it. Some of it you already know but some of it will probably be new to you. As you watch and listen, watch for the information about a baby's brain development.

Part 1: Infant Brain Development

Introduction to video:

- "This first part of the video is a short introduction, about how your baby's brain develops."

Video:

- Group views the first segment of "The First Years Last Forever" video: the first 3 minutes of the video.
- Where to stop video: at "Bonding and Attachment," spelled out in baby blocks, 3 minutes into video.

Discussion questions:

- **Your baby has 100 billion brain cells at birth!! But....are all these brain cells "wired" together at birth? Are the brain's pathways formed?** (Look for a head answering "No" if no one says it out loud. If you see a head nodding "No," say "That's right, brain cells are not all wired together at birth. That's why your baby can't walk or talk at birth. Not enough brain cells are connected yet. And that's why you can't spoil a young baby, too. At this point, there are not enough connections in the baby's brain for the baby to get spoiled.)

- **And just what *is* it that shapes the wiring in your baby's brain?** (Experiences, the outside world, stimulation through the senses.)
- **“Sensory stimulation” means the information that comes in through the senses—so let's name them. What are the 5 senses?** (Seeing, hearing, smelling, tasting, touching. Give hints by pointing to your eyes, ears, nose, mouth and then stroking your cheek—all five right there on your face. Use this illustration again in a minute when talking about infant feeding stimulating all the senses.)
- **What do you think happens if a baby doesn't get much stimulation, or is neglected or abused?** (Limited brain development and poor growth) (Note to presenter: growth can be affected because stimulation like touching stimulates the baby's body to produce growth hormones.)
- **Okay, so stimulation is important—but who provides this stimulation?** (Everyone the infant is in contact with, but especially the people who take care of the baby regularly.)
- And the last question: **What situation happens every few hours in early infancy, that provides the infant with stimulation of ALL the senses?**
 Infant feeding! At every feeding, your baby gets:
 - the taste and smell of delicious food (point to your mouth and nose)
 - the sight of you looking in your baby's eyes (point to your eyes)
 - the sound of your heartbeat and your voice (point to your ear)
 - the feel of your skin, your touch (stroke your cheek)

Summary point: “Infant feeding stimulates ALL the senses! Everything that goes on at feeding time helps the baby's brain develop.”

Part 2: Bonding and Attachment

Introduction to Video:

- “Now let's watch the next part of the video on bonding and attachment. ‘Bonding’ and ‘attachment’ mean basically the same thing. They refer to the development of a deep connection and relationship between you and your baby that eventually grows into love.

Video:

- Group views next segment of “The First Years Last Forever” video: 3 minutes and 45 seconds on “Bonding and Attachment.”
- Where to stop video: at “Communication” spelled out in baby blocks. This point is about 30 seconds after the baby pulls away from nursing at the breast to gurgle up at mother. (This always gets a laugh, so get prepared to stop the video about 30 seconds after the laugh.)

Discussion questions:

- **Why is touch important? What does touch do?**
 Accept any answers like:
 - Touch is one of those experiences that helps make brain cells connect with each other.
 - Touch stimulates growth, by stimulating growth hormones.
 - Touch helps you and your baby bond with each other.

- **Attachment or bonding...What emotion do they lead to, in the long run?** (Someone will probably say “love,” “security” or “trust” and you can repeat: “Yes, attachment leads to security, which leads to trust, which leads to love. Secure attachment early in life is the basis for all future relationships—throughout life.”)

Summary Point:

So, in summary, *warm, responsive care* and *touch* are not just “nice”--they are necessary for a healthy, happy baby and necessary for a love relationship between you and your child.

Part 3: Interaction

Introduction to Video:

- “Now let’s watch the next segment of the video on infant communication. How much can your baby communicate with you in the early months of life? You might be surprised!”

Video:

- Group views next 2 minutes of “The First Years Last Forever” video on “Communication.”
- Where to stop video: You will stop the video in the middle of the segment this time. Get ready to stop right after you see a mother pick up her baby from an infant carrier on the kitchen counter. Stop after the video says “Responding to this special request is critical.” If you miss that, the next shot is a father bending over his baby and making cooing sounds. Stop there. View video ahead of time to see where to stop.

Discussion questions:

- **So...when will (or did) your baby start to communicate with you?** (at birth)
- **Is it important for you to respond to your young baby’s cries?** (Yes.) **Why?** (So that your baby can develop trust that you will meet his or her needs.)
- **Restaurant question:** When you go to a restaurant and you’re hungry, it’s frustrating when you have to wait to order, right? When you’re hungry, you’re hungry, and you want to get served! Babies are the same way except more so, because hunger is painful for them. They *will* let you know when they are hungry, and crying is really the LAST thing they do to let you know!
- **Let’s list the signals or cues that babies use to tell us they are hungry and full. What are they?**

(Perhaps use flip chart or chalkboard to list, if you have time:)

Hunger cues include: hand-to-mouth sucking, rooting, making crying faces but not actually crying yet, fussing sounds and then, finally crying. Crying is the last signal of hunger. (“Rooting” is when the baby’s mouth is touched and the baby turns to the touch and opens his or her mouth. This is a reflex that allows the baby to seek out and grasp a nipple.)

Fullness cues include: turning the head away from the nipple, closing the mouth, showing interest in things other than eating. It is important to notice

these cues and respond to them. Even newborn babies can let you know when they are full.

- **Some parents are afraid of “spoiling” their baby, aren’t they? They don’t know that you can’t spoil a newborn baby.** Warm, loving, consistent responses help build security—like getting up in the middle of the night to change a diaper, or feeding when the baby makes signs that she’s hungry. As we have said, security becomes trust over time. Trust becomes love. Older babies, at about 4-6 months of age, can wait longer to have their needs met but young babies need someone to respond to their needs right away.

Summary Point:

- So don’t worry about spoiling your young baby by responding to his or her needs.
- And don’t worry if you don’t love your baby right away. A lot of parents feel like that. Being a new parent is scary and overwhelming, especially if your baby has special needs. But love grows as you develop a relationship with your baby.

Part 4: Talking and singing to your baby

Introduction to Video:

- “Now let’s watch the last segment of the video. The video is actually longer, but this is all we are going to watch today.”

Video:

- Group views 3 more minutes of the video.
- Where to stop video: Get ready to stop the video when you see a mother in a rocking chair, feeding her baby a bottle. Stop after she finishes singing, “Do you know the muffin man...who lives on Corey Lane.” Turn off the VCR and TV if you want to. This is all the video you will show in this class.

Discussion Questions:

- **So what does talking to a baby or singing to a baby actually *do* for the baby?**
Possible answers from group (you may have to help after the first one):
 - Teaches the baby language.
 - Make the baby feel important to someone, helps the baby feel connected to the caregiver.
 - Sets down some pathways in the brain for learning.

Conclusion

- **Now let’s talk about YOU! What did you think was interesting in this video?** (open discussion, give group time to respond.)
- **Is there anybody in your family or any friends who you wish could see this video?**
(It can be borrowed free from participating Blockbuster Video stores. It can also be ordered for \$5 from the I Am Your Child Campaign, P.O. Box 15605, Beverly Hills, CA 90209. Must be prepaid by check or money order.)

- **Now let's review what the feeder does during a feeding that stimulates a baby and makes a baby feel secure.**
- **Why don't I start?** (Perhaps do this list on a flip chart.)
 - The feeder responds to the baby's signals of hunger.**What else?** (Continue with this list if you don't get a response. Keep saying, "What else?")
 - The feeder holds the baby close during feeding.
 - The feeder coos, talks or sings to the baby
 - The feeder looks into the baby's eyes
 - The feeder watches for the baby's signals of needing to burp, needing to take a break, and being full.
- **Who here is breastfeeding? (or planning to breastfeed?)** "Breastfeeding is Mother Nature's perfect package deal: breastmilk tailored just for your baby *and* stimulation of all the senses at feeding time, *plus* hormones produced in *you* that help make attachment happen! If you breastfeed your baby, you are really giving your baby something very special--so congratulations on your decision!"
- **Whether you breastfeed or bottle feed, however, feeding time is bonding time!** Don't rush through it just to get it over with. Take time to *enjoy* your baby and make it a special time for the two of you.

Wrap it up with:

"Well, that's our class for today. Thank you for participating! Do you have any questions?"

If you have time, give and discuss the handout "Feeding With Love."

Additional material if time allows:

Being a new parent is not easy. A lot of people want to tell you what to do, don't they?! But now that you have seen this video, you can feel comfortable telling *other* people some things...like...

- If your mother-in-law says, "You pick that baby up too much! You're going to spoil her!"—you can say, "Yes, babies can be spoiled, but not before 4 to 6 months of age. As a newborn, she needs to know right away that I'm here for her."
- If your child care provider props the bottle, you can say, "It's important to me that you hold my baby when she feeds. She needs to feel secure. She needs the stimulation she gets when you hold her and talk with her at feeding time."
- If your partner doesn't hold the baby firmly against his chest when he's feeding, you can say, "The baby needs to hear your heart beat and feel secure when he eats, so hold him close, like this. Go ahead and talk with the baby about that ball game. He doesn't know what you're saying, but he loves the sound of your voice!"
- If your friend tells you that her baby cries all the time and she doesn't feel love for her baby, just frustration, you can tell her "Don't worry: Love develops over time. Just keep taking good care of your baby and enjoy him when he's not crying. Things will get easier and love *will* happen."

Nutritionists Brainstorm

Using the Concepts in Practice

Nutritionists brainstormed how to put the concepts of *Bright Futures for Babies* into practice at the National Association of WIC Directors Nutrition Services and Breastfeeding Promotion Conference in September, 2000. The approximately 100 attendees from WIC agencies nationally broke into 31 small groups for a five minute brainstorming session. Here are the results.

Each group received the following instruction at the top of an activity sheet:

Brainstorm one or more ways to communicate this point with the parents you serve.

Your idea might be:

- an observation about the infant/parent
- a personal experience or story to illustrate a point
- a question to ask in counseling
- idea for a group class
- idea for role-playing
- idea for a handout or newsletter
- idea for a bulletin board

You know the parents you work with. Be creative!

Each group worked on one of these three topics:

1. Some ways to communicate that ...Infants need parents who respond to their cues of hunger and satiety...and who understand that the baby's appetite varies from feeding to feeding.
2. Some ways to communicate that ...Infants need parents who hold and interact with them during feeding...who maintain eye contact, who talk and sing and touch.
3. Some ways to communicate that ...Infants need parents who provide a pleasant and relaxed eating environment.

The audience was very creative! Their ideas are summarized below:

■ 1. Infants need parents who respond to their cues of hunger and satiety...and who understand that a baby's appetite varies from feeding to feeding.

- Notice hunger cues. Point them out immediately in a warm, caring manner. Give encouragement to feed the baby whenever and wherever the baby is hungry in early infancy.
- Develop a brochure listing the behaviors of hungry babies on the outside, with what to do on the inside. Make sure information given (brochures, videos, etc.) is culturally sensitive.
- Ask, "Have you started to be able to tell the different cries your baby makes, like a hunger cry, a tired cry, a wet diaper cry?... or just a hold-me cry?"
- Say, "Is that a cry for attention? You can hold your baby if you like."
- Say, "I notice how your baby looks your way when you talk! Did you know that babies recognize their mother's voice from the first days of life? Your voice is very special to your baby."
- "You can TRUST your baby to know when she is hungry. Your baby will communicate hunger. You just have to watch."
- Ask, "How does YOUR baby let you know she's had enough to eat?"
- If a parent says that her baby won't stop crying in the evening, I would explain to her that most babies need to "blow off steam."

- Use this analogy: “When you’re in a restaurant, it’s frustrating if you have to wait a long time for the server, and frustrating if they take your plate away before you’re done. It’s the same way for a baby! They get mad if they’re not fed when they want to be, or if somebody stops a feeding before they are finished! Also, some days you want everything on the menu and you want to linger over your meal. Other times, the drive-up window is fine--you just want a quick meal. Babies are the same way!”

- Analogy: Compare the baby’s appetite to the mom’s. Someday you get to supper and realize you have eaten very little all day. Other days, you are hungry all day long. Baby is the same way.

- When parents realize that milk does not last the whole month and ask for more, it may be a good opportunity to talk about how the baby’s appetite fluctuates, from feeding to feeding, and from day to day. Don’t force the baby to eat a certain amount at each feeding. Baby knows how much is enough.

- Do anticipatory counseling about when to expect growth spurts, especially for breastfeeding moms. Use the analogy: Baby’s growth goes in stair steps, with appetite spurts to match.

- Say, “Sometimes babies grow so fast you wouldn’t believe it--and during those times they eat a lot. For a few days, they’ll wake up in the night to eat, too.”

- Moms who keep the new baby close at hand at night not only get more sleep, but also become aware of cues of hunger from the rousing motions of the baby.

- Develop handouts on what to expect in the newborn stage, including information on growth spurts and fluctuation in appetite. Then try and discuss with parent at first intervention after birth.

- Share personal experiences, leading to discussion.

- Give mom “permission” to feed baby more often than expected. Cluster feeds are often typical early in infancy.

- Suggest ways to interact with baby other than feeding. Talking, reading a baby book, playing with a rattle, rocking.

- Run the “The First Years Last Forever” video continuously in the waiting room.

- Develop a newsletter with this information to give to new parents.

- Teach the importance of infant feeding and interaction during pregnancy.

■ 2. Infants need parents who hold and interact with them during feeding...who maintain eye contact, who talk and sing and touch.

- You can comment: “He sure knows you! Look at those eyes follow you! Did you know that when you hold him during feeding, he is just the exact distance away from your face for him to see you clearly? That’s another good reason to always hold your baby during feeding. He likes to see you. Your face is his favorite picture in the world. Your face and voice make him feel secure.”

- Ask, “Don’t you think meals with family and friends are more fun than eating alone? It’s the same way for babies. They like to feel good, not alone, while eating.”

- Ask, “What do you do when you are feeding your baby?” When you find out, say helpfully, “That’s great that you (name behavior)—and you also might...(name another desired behavior)”

- Suggest making baby’s feeding time a quiet time for older children, too--maybe a time to read beside the parent.

- Say, “I know you must hold her a lot at home, and she doesn’t look too happy in the carseat. Go ahead and hold her. She’ll probably feel more secure in this strange place, in the arms of her favorite person in the world!”

- Role play feeding with parents. Demonstrate touching/holding/eye contact using baby doll in individual counseling and in classes. In infant class, have one person demonstrate inappropriate holding, for instance out on knees or in infant carrier. Then have another client demonstrate warm and loving feeding situation. Have class name all the things each one is doing RIGHT, put on flip chart or board. The appropriate feeding situation will have a longer list.

- Some states ask on the diet recall, “Where do you usually feed your baby?” Choices are carseat, in arms, high chair, other. This is helpful information that can be used in counseling.
- Use a story to make the point that getting enough touch and loving is important for every baby. One nutritionist tells a true story about a foster child with severe developmental delays who thrived and was almost up to normal after being in foster care for a few months.
- Say, “All babies are high need babies, it’s just that some babies let us know it more than others!”
- Have a “Bring Your Baby” Baby Fair or WIC class. Admission is a new baby. Have different stations, based on the senses. Have one demonstrator at each station. Actually use the baby at each station to demonstrate different ways to stimulate each sense. For instance, soft fabric or stuffed animals for touch, baby books for sound, mirrors for sight, etc. Have some door prizes and refreshments.
- Do a bulletin board with pictures of babies that says, “I love to be held,” “I love to be sung to,” etc.
- Do a bulletin board on lullabies, “Sing to me, Mama! You’re my favorite singer in the world!” Give out a lullaby book.
- Do the demonstration from “The First Years Last Forever” video, where the baby recognizes the parent’s voice.
- Bulletin board or wall mural: Make a “garden” out of flowers and have mothers write their thoughts on a theme, like “What I do to show my baby love” or “Our Garden of Breastfeeding Benefits” or “What I like most about being a Mom.” Type the comments on flowers to make them easier to read, also to correct grammar, since some moms are very self conscious of spelling errors but will do this if you say you will be the editor and make all the English perfect. Could also have some flowers with pictures of moms and babies interspersed throughout the comments.
- Demonstration for class or one-on-one counseling: Ask the parents to find a partner. Have them say “I like you” to the partner while looking down at their hands. Then have them say “I like you” to the partner looking in the partner’s eyes. Now ask the group which way feels good? Which way feels like it’s the truth? Point out that eye contact helps a baby feel good and feel connected, too. Point out that feeling connected is important to healthy emotional development.
- Bulletin board based on a segment of the video: Take photos of moms and infants from clinic. One set of photos shows faces when mom is talking expressively to infant. Second set shows mom and infant with mom looking blank. Use several sets of moms/infants to show how infants react to mom’s face. (Also gives a chance to show babies from different cultures represented in clinic population.)
- Observe and reflect back to moms what their positive parenting practices already are. Point out positive responses as you see them, such as “He stops crying when you hold him. You knew he just wanted to be held, didn’t you? That’s the sign of a really tuned-in mom.” “She is looking at you every move you make.” “She looks so secure and content in your arms.” “You are so calm and reassuring to him. He is lucky. He is going to be a very secure little boy.”
- Point out that dads can have eye contact, talk, sing and touch. Dads often provide a different kind of stimulation, too.
- Use personal experience, such as, “My little boy always had to hold my ear or my husband’s ear during feedings. Isn’t that funny? I guess it just made him feel secure—Feeling secure is a big part of the feeding experience.”
- Ask, “Do you like to just sit and hold your baby sometimes?” Point out that moms and dads should take time to just enjoy the baby. “If you don’t do as much of that as you would like, make sure you at least take the time to enjoy feeding your baby.”
- Bulletin Board: “Keep Your Baby Close to Your Heart.” The message could be “Cuddled babies are smarter babies.” Show pictures of moms and dads looking joyful while feeding.

■ 3. Infants need parents who provide a pleasant and relaxed eating environment.

- In a class, do a skit portraying a chaotic dinner scene. Then do a fun, pleasant dinner scene with lots of love and attention to children. Which scene fills emotional needs and is enjoyable? In which scene do infants and children eat better? Use this for a group discussion.

- Bulletin board or brochure: Title could be "Nobody enjoys eating in a lot of noise!"

Contrast these things with pictures:

- adults eating out at a candle lit dinner versus eating at a busy fast food place
- quiet, relaxed feeding versus a loud, stressful environment with TV blasting.
- Bulletin board, brochure or fun exercise for a group class: "What's Wrong With This Picture?" Make one of those amusing pictures with lots of things "wrong," including baby in carseat with propped bottle, toddler pulling at electrical plug, pot on stove boiling over, cat eating off high chair tray. For a group class, you could put this up and have the group say what's wrong.
- Bulletin board or brochure: "Watch Your Baby, Not the TV" or could have a picture of baby looking adorable, and call it "Mother Nature's Home Entertainment System." Message: turn off the TV, your baby will probably eat better and you will have more time to enjoy your baby.
- Observe feeding session in clinic, if possible. Give helpful suggestions in a positive way. Ask, "Have you ever tried this?" or, better yet, "Other moms tell me this works..."
- Ask moms to bring in pictures from magazines etc. which show close, loving interaction between caregiver and infant. Make a collage for the clinic with all these pictures.
- Bulletin board: Take pictures of parents showing the desired interactions in clinic, like breastfeeding, holding babies while bottlefeeding, talking, reading books to babies. Make a collage.

- Class or facilitated group discussion: Make a list of all the barriers to providing a pleasant eating environment and then have group also come up with ways to overcome the barriers.

- Give feedback on what parents are doing well and encourage them to continue doing their best.

- If there are two parents in a family, you could suggest that maybe one parent could feed the baby while the other parent helps the older kids.

- Say, "Baby senses what you are feeling. Try to relax."

- Make a list of places in your area that sell second hand or inexpensive tables and baby equipment, such as high chairs. One clinic did a bulletin board on eating at the table, where to obtain tables and chairs, and good reasons to sit at the table instead of eating on a couch in front of the TV. (fewer spills, less cleanup, more conversation, etc.) Care plans in this clinic include getting tables and high chairs.

- Bulletin board: Poster with messy baby in high chair with age appropriate finger food and cup. Point out that being messy is normal. Suggest that mom get prepared for it, get bigger, plastic bibs that can just be rinsed off. Suggest using newspaper, paper bags, an old tablecloth or old sheet under the high chair.

- Good opening for a class or facilitated discussion, "If you were preparing a special dinner for someone you care very much about, what would you do?"- Make a list of these things. "Now, who do you care about with all your heart?" (baby) Let's look at this list again. Are you providing these things for your baby during feeding? (discuss) What gets in the way? (discuss barriers and solutions)

- Have 3 scenarios: baby in carrier with bottle propped, baby in sling, baby in arms of older sibling. Ask, "Which of these 3 babies is being helped through their fussy time or high-need time?"

- Do a "graffiti board" in waiting room. Change it every few months with new topic. Encourage moms to share their tips on feeding children and other parenting concerns.

Community Partnerships and Outreach Using This Material

To promote optimal nutrition for infants, children, and adolescents, partnerships among health professionals, families, and communities are key...Partnerships can be as informal as health professionals discussing nutrition issues and concerns with teachers, school food service employees, coordinators of after-school programs, and child care providers. As communities develop strategies to achieve the goals outlined in Healthy People 2010, health professionals have an excellent opportunity to create these partnerships with families, community groups, government and business representatives, and others who are committed to improving the nutritional status of infants, children, and adolescents.

(BFP:N, p. 13)

It is definitely an era of partnerships. Before partnerships can develop, however, potential partners need to know what WIC is and what it provides to the community. Effective outreach can catch the attention of the community, teach them something, and help forge links with your WIC program. It can also increase referrals and caseload.

Because the ideas in *Bright Futures for Babies* are compelling and clearly provide messages that benefit the entire community, you might want to incorporate the concepts into your partnership and outreach efforts. *Bright Futures for Babies* illustrates that WIC has the best interests of the baby, the family *and* the community in mind.

Some allied health professionals do not know much about—or value—what WIC does. Taking the *Bright Futures for Babies* message to them could help them better understand your agency's mission.

Bright Futures for Babies can be presented at medical staff inservices, public health nurse meetings, local dietetic association meetings, Head Start inservices, and college nutrition classes. It can go to prenatal classes, health fairs, Kiwanis and Rotary meetings, church classes, and Chamber of Commerce meetings.

What community group would *your* clinic like to partner with or develop a relationship with? Here are

some ideas on ways to partner that could be facilitated by sharing the concepts in *Bright Futures for Babies*:

- Make an outreach effort to a hospital which holds prenatal classes.
- A request to your Kiwanis, Rotary or Civitan club for a donation, such as asking them to outfit your waiting area with age-appropriate toys or provide funding for a dozen “baby baskets” for an outreach promotion. (When presenting at a civic club meeting, have your request typed up and ready to present. Most speakers are given 20 minutes or so to present.)
- A request that the local Junior League purchase children's books for your waiting room.
- Ask an early childhood educator group to help you set up activities for children while their parents are in clinic or help you develop a “baby stimulation class” or fair.
- Approach your local artist's cooperative for help in putting attractive, family-oriented artwork in your waiting areas and clinic rooms.
- Approach local employers to assist with outreach or ask the local utility company to put your WIC flyer in their billing statements.

Whatever your goals in outreach and partnerships, think about what *Bright Futures for Babies* could add.

Here is one WIC agency which has partnered successfully in the community around the importance of infant and child development and nutrition:

A Partnership Case Study:

Lihue, Hawaii

The Lihue WIC staff serves a caseload of 1500 participants on the island of Kauai, Hawaii. Lihue WIC staff and their administrative support in the District Health Office are part of the Good Beginnings Kauai alliance, which works to increase awareness of the importance of the first years of life. The alliance uses the video, "The First Years Last Forever" extensively in the community, on public television, in classes for pregnant teens, and at hospitals.

Last year the county mayor and staff, county council, and other business leaders were invited to a forum on early brain development and shown the video. These leaders were also invited to visit Head Start classes, preschools, and child caregiver homes to gain an appreciation for early childhood efforts on the island.

Good Beginnings Kauai has developed a presentation which Dely Sasaki, the health department's District Program Manager, and other speakers have taken to local Headstart parents, Rotary, grandparent support groups, and teen parenting programs throughout Kauai.

Last year, after a presentation on infant and child development to high school students living in group homes on Kauai, the teens were given

disposable cameras and asked to take pictures that best depict child play activities that enhance brain development. After a similar presentation to a ceramics class at the local community college, the students were asked to do ceramics on the same themes. In addition, the Kauai poet and literary society was challenged to write pieces on what it means to give each child a good beginning. The culmination of all three efforts was a month-long art show, "The Life of a Child," which was covered extensively in the local paper.

The local paper has also become an ally to early childhood issues. It now publishes a bi-monthly column on parenting issues, child safety, child health, and early brain development.

Two other high-profile partners in the community have been supportive: Walmart and K-Mart. In fact, Walmart distributed the video, "The First Years Last Forever," free to hundreds of customers.

Back at the WIC clinic, staff continue to incorporate developmental themes into nutrition services. Their latest project is large posters of infants' and children's developmental milestones by age, illustrated with photos of local children.

WIC does more than provide supplemental food, but many people are not aware of the educational efforts in WIC. A compelling message can raise awareness about WIC and make people sit up and take notice. The Lihue WIC clinic has proven that. They have a small caseload and a small staff—but they have extended their reach and influence in their community

by partnering and by using the material that you now have access to in this training.

Doesn't that make you think about what *you* can do in *your* community? See the next page for additional ideas on how to reach out using the video, "The First Years Last Forever," and the *Bright Futures for Babies* material.

Here are some other ways that the video "The First Years Last Forever" and the information in *Bright Futures for Babies* and the have been used in various settings around the country:

Local Dietetic Association Workshop

Sharon Schroeder, RD, LD, Director of the Siouxland WIC Program, in Sioux City, Iowa, presented a two-hour session using the *Bright Futures for Babies* concepts for the local chapter of the American Dietetic Association. Ms. Schroeder, a 20 year veteran of a hospital neonatal intensive care unit, said, "I am so fascinated by this material. I read the Lise Eliot book, *What's Going On In There*, as preparation for my presentation, and I want to read it again. (See *Selected Resources*.) The role of stimulation in infant brain development is so exciting, and of course so much stimulation and bonding goes on at feeding time."

Ten dietitians attended the training. On the evaluation sheet of the session, attendees were asked if this session affected their view of the importance of what the Siouxland WIC program does in individual counseling on infant feeding. The answer was yes. Respondents were impressed

by the number of people WIC serves in the county and felt WIC provided a needed service by discussing these concepts with parents.

When asked how they planned to use the information and materials they received in the session, the attendees said they would use the materials in these ways:

- Update prenatal handouts and education protocols
- Present materials to nursing students as a part of their nutrition class
- Talk to the Teaching Learning Center at the hospital to see if the video "The First Years Last Forever" could be on the patient closed circuit TV channel
- Use the video in the "Babies and You" prenatal class and the Mothers of Preschoolers group, as well as sharing it with family and friends.

WIC "Baby Baskets"

The White/Carroll Co. WIC Program, a small rural WIC program in north-central Indiana, puts the "First Years Last Forever" video in WIC "baby baskets." Barbara Mayfield, MS, RD, Nutrition Educator and Breastfeeding Coordinator, reports:

"We show the video, 'The First Years Last Forever,' in WIC clinic. In fact, we put the video, along with a number of other gifts, in 'baby baskets' which we give to exclusively breastfeeding mothers. We have found the baskets to be a

highly successful breastfeeding promotion, funded through community support and grant support, including the March of Dimes.

When we ask breastfeeding mothers later what they liked in the baskets, they like everything, of course, but the video gets mentioned a lot. I think the video makes an impact. It makes parents feel supported in their efforts to provide their babies with the best start in life."

WIC and Healthy Start Newsletter

Katherine Harmon, RD, LN, is a WIC nutritionist in the Anne Arundel County WIC Program in Maryland. She writes and distributes a bi-monthly newsletter to 14 WIC staff, 9 Healthy Start homevisiting nurses, and one Healthy Start nutritionist. She has included concepts from *Bright Futures for Babies* in four issues of the newsletter, with an additional issue planned. She finds that staff appreciates continuing education in small doses in newsletter format.

Homevisiting Program Inservice Training

Sharon Schroeder, RD, LD, Director of the Siouxland WIC Program in Sioux City, Iowa, presented an inservice training using the concepts of *Bright Futures for Babies*. In attendance were 20 paraprofessionals, public health nurses, and other staff in three countywide programs: HOPES, which is the newborn homevisiting program (Healthy Opportunities for Parents to experience Success); the local early access home intervention program; and the Early Start home-based program. The HOPES staff in attendance represented agencies such as Siouxland District Health Department, Lutheran Social Services, Crittenton Center (maternal health center), and Winnebago Healthy Start (Indian Health Services).

The staff attending the training make home visits to families as a way to reduce the stress associated with the birth of a child. These visits provide support, nurturance, and information to new parents.

An evaluation included comments such as these:

- This opened my eyes to the importance of feedings.
- All parents need to know this.
- I have a better understanding of why it is important to respond promptly to infant crying.
- Spoiling in early infancy is not possible. It's very nice to have a resource reaffirm what I have been saying and showing my families.
- It's great to know that WIC is on the same page as Early Head Start.
- It made me think about how to implement this in our home visiting program.
- This provides information for newsletters, family service workers, and home visits.
- WIC gives positive education. I am impressed by the level of professional guidance given.
- This has reconfirmed what I have felt and known about the WIC program. Keep up the good work!

Nutrition Brochure for Use in Outreach

On the next page is a "Nutrition Brochure for Use with Parents." (A slightly different version is in the *Bright Futures for Babies* Self-Instructional Training Module.)

The brochure is suitable for outreach in obstetricians' and pediatricians' offices, at health fairs, at baby fairs, with teens in school-based programs, at prenatal classes...anywhere WIC does outreach to pregnant or postpartal women.

The card is designed as a two-sided card, 5.5 inches wide by 8.5 inches tall. It could also be adapted as the inside of a brochure, with the outside designed for a particular outreach activity, with information on WIC sites, phone numbers, eligibility criteria, etc. The information could also be formatted to fit into three columns in a tri-fold brochure. The reading level is 6th grade, using the SMOG readability formula.

Feeding Your Baby With Love

Did you know...?

Feeding time is a special time!

- **Feeding time is important for babies!** They are taking in more than just nutrition. They are taking in the world. Sights, sounds, smells, touches and tastes – at feeding time and all the time – are what make your baby's brain grow and develop.
- **Hold and love your baby at feeding time.** Your baby needs to look into your eyes, hear your voice, and feel your love. Make feeding time a pleasant time. You both deserve it!
- **Breastfeeding is the ideal way to feed your baby.** It gives your baby the best nutrition possible, as well as the sight, sound, taste, smell and touch of the most important person in baby's world: *you!*
- **Bottle feeding? Your baby also needs your sound, smell, look and touch at feeding time!** Hold your baby and look into your baby's eyes. Talk to your baby and stroke your baby's skin. Feeding time is a special time, no matter how you feed your baby.

You can't spoil a newborn baby.

- **Find out what your baby is crying for.** Studies show that babies are more content, cry much less and sleep more at night when someone responds quickly and warmly to their cries as newborns.
- **Your baby becomes secure, as you meet your baby's needs.** Over time, your baby learns to trust you. Then trust turns into a strong bond and a deep love between you.

Babies give clues when they are hungry or full.

- **Hungry babies will let you know it.**
First they may fuss, make faces like they are going to cry, chew on a hand, open and close their lips, or look like they are trying to nurse. Babies will cry when they get really hungry because it hurts. It's not easy to feed a crying baby, so look for the clues.
- **Full babies will let you know it, too.**
They will close their lips tightly, pull away from the breast or bottle, go to sleep, or get interested in something else. Watch closely and you can tell when your baby is full.
- **Did you know that a newborn's tummy is about the size of a golf ball?** Babies eat small amounts. They also eat different amounts at different times. This is normal. A little spitting up after feeding is normal, too.
- **Babies eat more during growth spurts.** A growth spurt is a time of fast growth that usually lasts a few days. Baby will wake more often and eat more often. Expect the first growth spurt between 2 and 4 weeks of age.

Notes on Feeding My Baby

Here is what I will do:

In accordance with Federal law and U.S. Department of Agriculture policy, the WIC Program is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Using “Feeding Your Baby’s Brain” Script with Child Care Providers

Sometimes WIC nutrition professionals have the opportunity to impact what other professionals know about infant and child feeding, through invitations to present at meetings of child care providers, Head Start, Early Head Start, Early Childhood Educators, and other groups.

Although State office Maternal and Child Health nutritionists and Child Care Nutrition Specialists may have most of the opportunities for such cross-program training, local nutritionists may also find themselves receiving invitations to speak to such groups.

“Feeding Your Baby’s Brain” is a presentation that can be presented to such groups. Changing the language slightly may be needed in some parts (from “your baby” to “the babies you care for,” for instance). However, it would be easy to tailor the language for a group of child care providers. The inservice has been tested with several groups of child care providers and the results were very positive. (Child care providers gave it 9.8 out of a possible 10 in one session evaluation.)

■ Handouts for session:

The “Feeding With Love” handout could be used, in either the outreach version (see “Community Partnerships and Outreach Using This Material” in this User’s Guide) or the nutrition education version (in the *Bright Futures for Babies* Self-Instructional Module.)

Another possible handout for a session with child care providers or other groups could be the excellent

twelve page brochure from the I Am Your Child Campaign that goes with the video, “The First Years Last Forever.” (See Selected Resources in the *Bright Futures for Babies* Self-Instructional Module.)

■ Evaluation Form:

An evaluation form to distribute at the end of a session could have these questions:

Would you please take a moment before you leave to fill out this sheet? Thank you!

What is your job?

Where do you work?

Do you work with infants or the parents of infants?

1. What is the main idea you are taking from this session?
2. How can you use this information?
3. What are the chances you will share the information in this inservice with others?
4. Do you have any thoughts on how you could share this information with others?
5. Do you have suggestions for improving this session?
6. On a scale of one to ten, with ten being “great,” how would you rate this session?

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